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ABSTRACT

The resource guide is intended to promote positive relationships among special and regular class teachers in rural areas. An introductory section reviews consultation in the educational setting, noting common practices and errors in the consultation process. Seven components of the consulting process are discussed: (1) identification of students with special needs (pre-referral checklists); (2) consultation services provided by school psychologists (guidelines for working with students with learning problems, classroom management suggestions); (3) use of services of communication disorders specialists (overview of speech and language delays, alternative service delivery systems); (4) use of educational consultants in the regular classroom (special education information network); (5) consultants for hearing and visually impaired students in the mainstream (special equipment, low vision aids); (6) occupational and physical therapists as classroom consultants; and (7) social work consulting (home visits). A section on integrating special programs and a teacher's guide for structuring questions to administrators concludes the guide. (CL)

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ACRES RURAL INSERVICE MODULE CONSULTATION—A RESOURCE FOR EDUCATORS

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ACRES RURAL INSERVICE MODULE

CONSULTATION -- A RESOURCE FOR EDUCATORS

March, 1983

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Adams
Ferry
Lincoln
Pend Oreille
Spokane
Stevens and
Whitman Counties

Dear Classroom Teachers,

Consultation: A Resource For Educators was written in an effort to develop a better working relationship among special education service providers and you.

ESD 101 Program Division is well aware that you are the key that unlocks the door to handicapped students receiving appropriate services within the educational mainstream.

The purpose of this resource guide is to:

1. Help guide special education teachers and related service personnel in designing intervention programs that are in concert with classroom instruction.

2. To guide the classroom teacher in utilizing special education personnel as resources and support within the classroom for program development and implementation.

We hope the following information will serve as a resource to you in developing and implementing effective student programs within your school setting.

Sincerely,

Rick

Richard D. Cole
Administrative Assistant

ESD 101 IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
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PREFACE

As educators, we are increasingly aware of the necessity to provide a diversity of services and expertise in developing and implementing programs for our students. Our ultimate goal is to provide an appropriate educational program for each student to ensure maximum growth. Classroom teachers have increased accessibility to additional support in planning and implementing educational services for the individual student by way of a multidisciplinary support process. The multidisciplinary team (MDT) has evolved to meet the needs of the classroom teacher by affording an interchange of ideas to enhance the understanding of the student, by assisting in the development of new strategies and by coordinating support services through the classroom teacher.

ESD 101 established the MDT delivery model for the following reasons:

1. To facilitate interaction among ALL INDIVIDUALS INVOLVED WITH THE STUDENT.

2. To provide quality and appropriate programs for an increased number of students.

3. To provide cost-effective program options.

4. To coordinate diversified district programs, funds, and services.

5. To maintain continuity of program, as the student progresses through his/her educational experience.

6. To facilitate the staff's awareness of individual roles and functions as they develop a TOTAL program.

7. To meet the legal responsibilities of special programs.

Research has shown that the MDT and the consultation model have the resources to provide a number of enhancing services including program development and evaluation, sharing of planning and program implementation responsibilities across professions, support to regular education teachers and parents, and integration of the assessment and intervention processes.

The ESD will continue to support the MDT and consultation delivery models and plans to expand their effectiveness in the coming years. We hope your district can use the ideas we have prepared in developing comprehensive programming for all students.

COUNSULTATION IN THE EDUCATIONAL SETTING

INTRODUCTION

As service providers within the educational setting we are called upon to provide direct therapy or intervention for a student. We also provide consultation services to other educational professionals, community service personnel, and parents when working with a given program or student. The consultant must be able to conceptualize, develop and implement appropriate support systems responsive to varied interests and needs such as policy implementation, organization change, classroom practices, upgrading evaluation, instruction and learning outcomes, program planning, and program implementation.

The range of issues a consultant may have to deal with is extremely broad. The consultant may be asked to assist in upgrading a difficult situation, improve an existing one, or create a totally new situation. Consultants help develop new techniques and methods in which a consultant has acquired special expertise and can also provide an impartial outside viewpoint.

RESOURCE VS. PROCESS CONSULTANT

The consultant, as an agent of change, can assume two basic roles--that of a resource consultant and a process consultant.

Resource Consultant - provides expert information and service, or recommends a program for action. This type of interaction involves a transferral of knowledge to the individual, group, or organization. In turn, the knowledge provided is expected to affect the awareness, subsequent behavior and finally the performance of the program or organization.

Process Consultant - helps solve internal problems by making the system aware of organizational processes, of their likely consequences and of techniques for accomplishing change. The process consultant is concerned with passing on approaches, methods, and values so an organization can diagnose and remedy its own problems.

OUTCOME OF CONSULTATION

The outcome of the consultation process may include: knowledge and awareness, skill development, product development, or decision/change.

Knowledge and awareness - involves sharing up-to-date and comprehensive information about the best current practices.

Skill development - refers to acquisition and refinement of certain client skills: i.e., planning an IEP, utilizing instructional materials, and following a certain test protocol.

Product development - refers to conceptualizing, designing and developing new products such as: written program plans, evaluation plans, instructional materials, etc.

Decision/change - refers to reaching an informed decision about some aspect of education.

THE COUNSULTATION PROCESS

Researchers are in basic agreement as to the steps in the consultation process. Gibb (1959) listed 8 steps: (1) entry, (2) diagnosis, (3) data collection, (4) relationship, (5) boundary agreement about roles taken, (6) resource development, (7) decision-making, (8) termination. Haveloch (1973) provided a similar list with altered steps. These are: (1) relationship, (2) diagnosis, (3) acquisition of resources, (4) choosing an alternative course of action, (5) gaining acceptance for course of action, and (6) implementation and disengagement. Lippitt and Lippitt (1978) list six stages to the consulting process. These are: (1) contact and entry, (2) formulating a contract, establishing a helping relationship, (3) problem identification and diagnostic analysis, (4) goal setting and developing strategies, (5) taking action and cycling feedback, (6) contract completion, continuity, support, and termination.

An overall sequence that generalizes educational consultation would be as follows:

1. Contact and Relationship Development

   Protocol and communication are the important factors to consider. The consultant should establish communication lines within the chain of command of the existing system. Communication is the basis for the consulting relationship as it is for all human relationships. The ability to hear what someone is saying and to communicate clearly to that individual or group of individuals what is heard is a prerequisite to any action. Until a relationship is characterized by open communication and mutual trust, the consultant's ideas and opinions may only serve to threaten the consultee or build a dependent relationship in which the consultee is clearly the subordinate. It is critical to establish the right mind set.

   The bottom line of protocol is to make contact with the people at each level and keep them constantly informed of the consultants involvement, actions, and timelines via a system for communication and accountability.

2. Diagnosis or Problem Identification

   Diagnosing a given situation involves assessing the needs of each person involved. Again, effective communication skills and the ability to assess needs from all perspectives are needed. Frequently, each person sees an issue from a different point of view. Ascertaining these views and needs will assist in clarifying the issues for all persons involved.

3. Gather Information

   After determining all persons' perspectives and needs on a given issue, the consultant needs to gather all background information. This may involve assessments, file reviews, talking to people who have been involved in the past, and communication with outside agencies.

4. Planning Strategies/Goal Setting

   When the needs from all perspectives and all background information are gathered, an awareness of the need for action and a plan for action must be developed. The multidisciplinary team is an excellent vehicle

already existing within the educational system that can be utilized to achieve this objective. This could involve "brainstorming" sessions to generate possible options for dealing with the situation. It may be appropriate, depending on the nature of the case, for the team to extend this process into formulating goals for the overall plan. Solutions should logically grow out of the goals the group sets forth.

5. Implementing the Plan

Once a plan has been determined the consultant should work directly in the situation during implementation to help identify needed resources, meet regularly to revise plans and provide constant evaluation and feedback.

6. Continuity and Support for Termination

As plans are implemented and revised, the consultant should be transferring his skills and support to the group. The goal is to establish a system within the existing agency to carry on constant evaluation and revision of the implementation plan. The system will then have access to resources (including future consultations) and the capacity to handle new problems, concerns, and issues as they arise.

CONSULTATION: BEST COMMON PRACTICES AND COMMON ERRORS

Best Common Practices:

1. Demonstrate commitment.
2. Utilize communication skills such as paraphasing, reflecting, perception probes, etc.
3. Utilize effective body language; look at your client, remain open posture, provide supportive gestures, etc.
4. Attempt to establish a working relationship based on follow-through authenticity, trust, mutual respect, and punctuality.
5. Positive presentation of self-helps; we're often judged immediately based upon our language, clothing, grooming, and demeanor.
6. Equip yourself with technical knowledge, be apprised of the situation in advance in order to come prepared. If you don't know... say so.
7. Establish and maintain administrative support... clarify your role as soon as possible.
8. Clarify expectations through a dialogue with all levels. Remember, expectations vary from individual to individual.
9. Communicate your needs as a consultant and clarify your expectations of others.
10. Establish yourself as a resource liaison.
11. Communicate clearly... avoid jargon.
12. Maintain accountability and visibility.
13. Develop an awareness of community politics, standards, values, etc.
14. Join the staff for lunch.
15. Establish a support network. When attempting to implement change, link with those in a position to have positive impact upon others.
16. Remain adaptable; change requires time and most of all, the awareness of the need to change.
17. Communicate your role as one who suggests.
18. Maintain a sense of humor.

SUMMARY OF BASIC COMMUNICATION SKILLS

Paraphrase Stating in your own way what the other's remark conveys to you.

Example: "Is this... (statement) ... an accurate understanding of your ideas?"; or
"Would this be an example of the point you made?" (then stating a specific example).

Behavior description: Reporting specific, observable actions of others without making accusations or generalizations about their motives, personality or character traits.

Example: "That's the third time you have said you agreed with a statement of mine and then added, 'but' and expressed agreement with the opposite view."; or
"Jim and Harry have done nearly all the talking and the rest of us have said very little."

Description of feelings: Specifying or identifying feelings by name, simile, figure of speech, or action urge.
Describing your own feelings: Reporting your own inner state as explicitly as you can--making sure the statement indicates the feelings are yours.

Examples: "I feel... embarrassed." (naming) "I feel like a frog in a very large pond." (simile)
"I feel...like hugging you." (action urge)
"I just swallowed a bushel of spring sunshine." (figure of speech)

Perception check: Describing what you perceive to be the other person's inner state. It is used to check whether you do understand what the speaker feels.

Example: "You look like you felt hurt by my comment."; or
"I get the impression you'd like to change the subject."; or
"You seem to be feeling more at home now."

Perception Check

A perception check is the ability to describe what you perceive to be the other's inner state. People use perception checks in order to check whether or not feelings are correctly understood. When you engage in "Perception checking," you test to see whether you have decoded expressions of feelings accurately.

Examples of Perception Checks

"I get the impression you are angry with me. Are you?" (NOT: "Why are you so angry with me?" This is mind reading, not perception checking.)

"Am I right that you feel disappointed that nobody commented on your suggestion?"

"I'm not sure whether your expression means that my comment hurt your feelings, irritated you or confused you."

Perception checks describe another's feelings. It does not express disapproval or approval. It merely conveys, "This is how I understand your feelings. Am I accurate?"

The purposes of checking perceptions are:

1. To convey that you want to understand the other as a person--and that means understanding his or her feelings; and

2. To help you avoid actions that you might later regret because they were based on false assumptions of what the other was feeling.

Binding and Freeing Statements

Freeing statements increase another's autonomy as a person; they increase a sense of equality.

Freeing statements and events include active attentive listening which means you attend to the listener with your body as well as your mind. They include paraphrasing, perception checks and seeking information to help you better understand the situation.

Other events to keep communication "open" or "flowing" include sharing information that has influenced your own feelings and viewpoints, directly reporting your own feelings and offering new alternatives.

Binding statements diminish anothers autonomy by increasing a sense of "being under."

Conditions or events which can be interpreted as binding are: Changing the subject without explanation (e.g., to avoid anothers feelings).

Explaining the other, interpreting his or her behavior ("You do that because your mother always..." binds the speaker to past behavior or may be seen as an effort to get him/her to change).

Advice and persuasion ("What you should do is...").

Vigorous agreement (binds the speaker to the present position; it limits his changing his mind).

Expectations (binds the speaker to the past. "You never did this before. What's wrong?" Or cues her to future action: "I'm sure you will..." or "I know you can do it."

Denying feelings ("You don't really mean that!", or "You have no reason to feel that way." Generalizations like, "Everybody has problems like that." give a speaker the impression that they are wrong--and leads to closing-off communication).

Approval on personal grounds (praising the other for thinking, feeling or acting in ways that you agree with, e.g., for conforming to your standards).

Disapproval on personal grounds (blaming or censuring the other for thinking, acting and feeling in ways you do not want them to).

Commands, orders (telling the other what to do. Commands and orders include, "Tell me what to do.")

Emotional obligation (control through arousing feelings of shame and inferority. "How can you do this to me when I have done so much for you?")

It is important that if you are going to encourage and maintain quality and effective communication with your fellow professionals and parents, that you examine the binding and freeing activities that you use.

Effects of Various Responses

Take a few minutes to read and think about the situations below. Which behaviors are "binding" (control or manipulate the behavior of others)?

- Listening attentively.
- Saying, "Do you really mean that?"
- Saying, "That's a good thought."
- Nodding in agreement.
- Asking, "What do you think?"
- Saying, "Everyone has problems like that."
- Paraphrasing what someone has just said.
- Asking, "Do you want to comment on this?"
- Expressing vigorous agreement.
- Saying, "I get the feeling that..."
- Changing the subject when someone is upset.
- "You mean you'd actually (do such and such)?"
- Looking expectantly toward the quiet member.
- Saying, "What you should do is..."
- Speaking at length.
- Asking, "What should I do?"
- Not participating in the discussion.

What Was That You Said?

Tips for Active Listeners:

- Make a commitment to listen.
- Get set physically and mentally to listen.
- Concentrate on the other person as a communicator.
- Use facilitating listening skills.
- Give a full hearing.

Helpful Hints To Difficult Situations

This section briefly overviews some alternatives for dealing with what can be thought of as "negative situations." Dealt with properly, each of the events below can become a growing experience for you and for the people with whom you deal:

- ° Breaking into an ongoing conversation.
- ° Resisting interruption.
- ° Disagreeing.
- ° Saying, "No."
- ° Handling criticism.
- ° Giving negative feedback (giving criticism).

Breaking Into An Ongoing Conversation

- ° Raise your voice slightly to signal to others you wish to speak; no need to yell.
- ° Use opinion statements, "Well, I think that..."; or ask a question, "Yes, but what about..."
- ° Use hand gestures to gain group attention and conversational entry.
- ° Lean forward into the conversational arena.
- ° Touch the person to whom you wish to speak.
- ° Use the person's name to gain attention--e.g., "Bill, I was also thinking that..."

(Avoid throwing paper airplanes across the conference table.)

Resisting Interruption

- ° Raise your voice slightly to signal that you would like to finish your comment.
- ° Repeat your opening phrase so that you don't lose your train of thought--"I think... but I do think that..."
- ° Ask the person to wait until you have finished your statement-- "I think the best thing to do would... please wait a minute... would be to start a new program."
- ° Continue talking without hesitation--i.e., engage in parallel talking for a short while.
- ° Pause briefly and then quickly resume your comment-- "I think that... the new program would be a good one."
- ° Don't look at the person who is interrupting you. Talk to those who are attentive.
- ° Hold your hand up signaling that you would like the person to stop interrupting you.

Disagreeing

- ° Acknowledge the other person's point of view, or at least your perception of their position--"I see your point, but I still think..." or "it sounds like that is important to you but I..."

- ° Use elaborated opinion statements to express your point of view-- "I take a different position." For example, "I think that..." or "I just can't accept your position because..."

° Avoid name calling.. "You special educators are all pigheaded, narrow minded, rigid, dumb," etc.

Saying "No"

° Be as brief as possible. Give a legitimate reason for your refusal--"I really don't have the time" --and avoid long, elaborate explanations, justifications and "lies" (e.g., "I can't because my mother is arriving from out of town, and I still have a lot of errands to run, and I haven't finished my report cards yet, and my child is ill...").
° Actually say the word "no" when declining. The word "no" has more power and is less ambiguous than, "Well, I just don't think so..." or "I really can't just now...", etc.
° Repetition and persistence may be necessary. You may have to decline several times before the person "hears" you. It's not necessary to come up with a new explanation each time; you can use your original reason over and over again.
° Shake your head when saying "no." Often people unknowingly nod their heads and smile when they are attempting to decline or refuse. Make sure your non-verbal gestures mirror your verbal messages.
° Boycott the words "I'm sorry." Try to be conscious about using this phrase to excluse your refusal or otherwise weaken your credibility. Habitual use of this phrase can be distracting to your real intent.

When was the last time you should have said "no?"

Handling Criticism

° If it's fair criticism, ask for specific suggestions or alternatives from the person. What might you do to handle a situation or behavior differently.
° No need for long, self-critical, or rationalizing excuses.
° When a person's criticism is somewhat vague, unclear, e.g., "You are 'cold' with people," have them clarify, give specific examples, etc.
° Respond with opinion statements rather than "you" statements--e.g., "I think you misinterpreted what I said," instead of, "Your interpretation is all wrong."
° It's okay to share your reactions, feelings, regarding the criticism--"I feel a little angry about your bringing up this issue again," or "I feel unjustly criticized."

Giving Negative Feedback

° If you are bringing up an issue that has taken place some time ago, ask permission to bring up the issue now, e.g., don't spring it on the person but set aside a time and place--"I'd like to discuss something that's been bothering me. Do you have some time now?" Or, "I'd like to talk about what happened last Tuesday. How about some coffee?"
° Be specific about feedback, give examples, cite situations and what the person said and/or did. It may be helpful to outline grievances before verbalizing them, i.e., develop a script of what you would like to say so that your anxiety won't hamper your agenda.
° Use personal pronouns, express your dissatisfaction, unhappiness, etc., without blaming or scolding the person, e.g., "It bothers me when you say..." instead of, "You always say that I'm so and so." Or, "I feel uncomfortable

when you do such and such," instead of, "You make me so uptight when you..." In short, take the responsibility for your own feelings, don't blame the other for making you react in a certain way.

° Avoid name calling or otherwise "loaded words", e.g., "You're so inconsiderate, cold, intolerable, suspicious, paranoid, crazy, closeminded," etc.

° Give negative feedback in a serious and thoughtful manner--try not to giggle, smile, laugh, etc., when participating in it. These reactions tend to:

1. Make you seem unsure of yourself and your message may be misinterpreted; and
2. Broadcast your uneasiness or nervousness.

° Give the person some suggestions as to what he could do to alleviate your discomfort, etc. Provide some ideas to change the problematic situation. Again, some thought to these before speaking with the person would be helpful. Ask yourself, "how would I like things to be?" "What do I want?", e.g., "I'd like you to call before coming over, that would eliminate my dissatisfaction about your coming over unannounced."

° Again, you can express your feelings of discomfort in giving negative feedback. This may put the other person at ease, knowing that you are honestly struggling with being direct, e.g., "This is difficult for me, but I do want to talk with you about it..."

Dealing With Criticism/Anger

If you've been teaching for very long at all you know all too well how easy it is to get angry at someone who should have done something you've needed. It is possible that you've also had experience with being the source of someone else's anger and, as a result, have been the target of criticism. Anger and criticism are part of the life of an educator just as they are part of lives of most people. Understanding that to be a reality and learning to cope with criticism and anger can benefit you a great deal as well as the people who do deal "back" with you.

Situation: A parent walks into your class at 3:30 and, in front of another teacher, accuses you of not doing your job.

Depending on the severity of the outburst, you may well be stunned, momentarily, by the accusation. Your body will go on "red alert", a natural, physiological response to a threat from without:

1. Involuntarily you catch and hold your breath; your heart pounds; the candy bar you were eating stops in the middle of your digestive system; your palms get sweaty and your mouth suddenly goes dry...;

but as a rational human being--

2. Your reaction can be emotional--and as such, also individual.

3. To evaluate what the other person is saying through active listening.

Do not attempt to respond during the first barrage of words!

In Dealing With The Situation Do. . .

1. Relax and allow yourself to listen very carefully to what the person is saying.

2. Be courteous, and convey your interest. Use "I" statements.

3. Be patient, but not condescending. Try to put yourself in the other person's place.

4. Speak as slowly as necessary to keep your cool.

5. Just as you do not interrupt him/her, with polite firmness insist that you be given the chance to understand what is being said, and for you to respond in your turn.

6. Do not hesitate to admit that you have not understood something that has been said, as a means of clarifying the issue.

7. The expression of anger often comes in "waves." In the "troughs" be prepared to summarize what you think you have heard. Check with the other person each time as to the accuracy of your interpretation.

8. Engage the other person in problem-solving with you.

9. Give praise for his/her caring. Remember, the person does care, or else he/she wouldn't be so upset.

10. Learn to be comfortable in saying, "NO, I don't know." "I was wrong, mistaken." "I'm sorry" (when you really are sorry), "Please let me finish what I'm saying," and other assertive statements.

SHARED DECISION MAKING*

Shared Decision Making is a systematic problem-solving process in which an individual or a group identifies a goal and strategies to achieve that goal.

The following communication skills are useful when employing the process:

Attentive Listening, Paraphrasing, Behavior Description, Perception Checking, and Exploratory Response.

Components Of Shared Decision-Making

I. Obtaining a Specific Goal

- ° operate with an open agenda; allowing individuals to problem talk
- ° ask questions to obtain a general goal
- ° move from general to specific
- ° select a goal

II. Developing an Effective Approach

a. Generating Alternative Approaches (Solutions)

- ° brainstorming several solutions
- ° avoid judging the value of each approach at this time

b. Appraising Approaches

Ask questions:
- ° will it help achieve the goal?
- ° what problems might it create?
- ° weigh the advantages and disadvantages of each approach

c. Select an Approach or a Combination of Approaches

III. Designing an Action Plan

- ° identify who will do what, when and where
- ° identify other necessary information
- ° summarize all responsibilities
- ° identify problems these steps may cause and clarify how to deal with them
- ° include a means for follow-up and evaluation of the plan
- ° obtain commitment to the final plan

INTER-TEAM CONFLICT

The MDT process may be very rewarding and helpful when developing a child's program. Gaining input from a variety of disciplines (Teacher, Psychologist, CDS, OT/PT, Principal, Social Worker, etc.) serves to reinforce the holistic child concept. However, dealing with a "team" may be frustrating and difficult if it is not utilized effectively. The following are helpful hints in consulting and dealing with inter-team conflict.

A. Focusing on Issues, Not Self

1. Recognize that an issue, not your professionalism (or character) is being discussed.

2. We want what is best for the student--not best for our pride.

3. Clear your mind and listen objectively to others.

4. For all issues (especially "hot ones") be prepared - obtain all information. Have a decision-maker present (i.e., principal). This person may also serve as mediator.

B. Thinking Before Speaking

1. Don't set self or others up so pride or character will be attacked or injured.

2. Remember, your way may not be the best way.

3. If you are unsure of something, say so.

4. Stay away from emotionally charged statements, ("you should have", "why did you", "that's wrong").

5. Don't try to prove others wrong, otherwise defense mechanisms arise.

C. Decision-Making and Listening Skills

1. Make sure those who will be involved in implementing the program have direct input into the development of program.

2. Use appropriate communication skills--listen, ask for clarification. Don't assume.

3. If you have a major investment in an issue, state your feelings/findings--then be quiet and listen. Do not keep repeating/paraphrasing yourself. After listening, re-evaluate facts and findings, then state feelings/findings again (or perhaps they have changed).

4. Don't interrupt people--allow them to speak. Be aware of others feelings.

*Reprinted from The Nevada Teachers' Resource Kit
Nevada Department of Education

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IDENTIFYING THE STUDENT WITH SPECIAL NEEDS

INTRODUCTION

The following information is designed to assist teachers in the identification of children who are having problems learning. The role of the teacher is to pinpoint the student with learning problems and to target areas of specific need.

The pre-referral checklist has been developed for the classroom teacher to assist in providing basic data on a student's functioning and target areas of need and in exploring options prior to referring a student to special education.

PRE-REFERRAL CHECKLIST

A detailed section on each of the following areas of functioning is provided in the pre-referral checklist:

Academic performance
Language and speech skills
Sensory-motor skills
Intellectual functioning
Social and emotional behaviors
Health, personal and/or physical areas

The pre-referral checklist begins as a resource for teachers and may later become part of a team effort to deliver special services to a student with special needs. Completion of the checklist alone does not constitute a referral so the checklist can be completed on any student who is a concern. However, information obtained from the checklist may be utilized by the teacher and the MDT to determine the need to further evaluate the child for special services.

With a system such as the pre-referral checklist in place, which can be used to record concerns and student performance, the teacher can target student behaviors and address those areas of need either in the classroom or in the referral to the MDT.

The multidisciplinary team is also available as a resource for assistance with classroom observations. Data collection and documentation, develoment of in-class intervention strategies to explore alternatives prior to referral, processing referrals, and many other areas of technical assistance by the MDT are described in the following sections. These resources are available to all teachers to help meet their needs within the classroom.

Because all students are so individual in their style and rate of learning, it may be difficult for the teacher to pinpoint those students who are not being reached by regular classroom instruction. This is especially true early in the year when there has been little time to gather and review testing information for students who are new to the school system or for students who do not "red flag" the teacher by being noticeably different. Most often the teacher will recognize when something is amiss with students who are more visible, such as the off-task student, the class clown, the culturally different, or the student who is new to the system.

PRE-REFERRAL CHECKLIST

(TEACHER ASSESSMENT SUMMARY/TEACHER INTERVIEW)

Student _____ Birthdate _____ Age _____ Sex ___

Teacher _____ Grade _____ School _____

Cumulative file reviewed? _____ Yes _____ No

SUMMARY OF REVIEW AND MOST RECENT TEST RESULTS:

_____

_____

_____

REASON FOR REFERRAL: (Please check only specific areas of concern)

A. Academic Achievement

( ) 1. Reading
- ( ) a. Word Attack
- ( ) b. Comprehension
- ( ) c. Rate
- ( ) d. Word Recognition
- ( ) e. Other _____

( ) 2. Math
- ( ) a. Computation
- ( ) b. Concepts (measure, time, quantity, etc.
- ( ) c. Rate
- ( ) d. Other _____

( ) 3. Written Expression
- ( ) a. Spelling
- ( ) b. Handwriting
- ( ) c. Punctuation
- ( ) d. Other _____

( ) 4. Academic Performance
- ( ) a. Poor accuracy
- ( ) b. Poor completion rate
- ( ) c. Other _____

( ) 5. Academic Strengths/Weaknesses _____

_____

_____

B. Language/Speech Skills/Impact within the Classroom

( ) 1. Has difficulty in understanding directions, questions and commands.
( ) 2. Is unable to verbally express thoughts, feelings, and intent.
( ) 3. Has difficulty formulating sentences. (Grammar)
( ) 4. Has difficulty remembering material presented verbally.
( ) 5. Has poor listening skills; difficulty following directions.
( ) 6. Speech (articulation, voice disorders, non-fluency, etc.)

Comments _____

( ) 7. Interferes with academics (reading, spelling, math, language arts, vocabulary).

Comments _____

( ) 8. Interferes with socialization, self-concept development, behavior.

Comments _____

( ) 9. Oral/written expression; oral participation

Comments _____

C. Sensory-Motor Skills

( ) 1. General muscle/body weakness.

Comments _____

( ) 2. Has significant difference in developmental levels - good cognition/poor motor; good verbal/poor motor.

Comments _____

( ) 3. Has difficulty with fine motor skills, i.e. stringing beads, connecting dots, self-help tasks.

Comments _____

( ) 4. Difficulty in performing large muscle activities (running, jumping, trips and falls frequently, one side of body function notably worse than other).

Comments _____

( ) 5. Incorrectly copies/traces letters, words or geometric form following usual teaching procedures. Frequent reversals of letters above age 6.

Comments _____

( ) 6. Body and limbs tend to be stiff, jerky, or unusually floppy.

Comments _____

( ) 7. Has difficulty in locating body parts or moving body in space.

Comments _____

D. Intellectual Functioning

( ) 1. Above average, average, below average. (Underline)

( ) 2. Relative strengths _____

_____

( ) 3. Relative weaknesses _____

_____

E. Social and Emotional Behaviors

( ) 1. Poor self image
( ) 2. Difficulty with peer relationships, difficulty with authority. (Underline)
( ) 3. Behavior problems - defiant, destructive, easily distracted, short attention span, withdrawn, difficulty following directions, poor classroom participation. (Underline)
( ) 4. Shows signs of excessive nervousness (tics, sucks thumb, bites nails, etc.).
( ) 5. Cannot work independently.
( ) 6. Cyclical behavior (good days, bad days, etc.).

( ) 7. Extra-curricular activities _____

( ) 8. Other _____

F. Behavior Management Techniques

( ) 1. List positive reinforcers _____

_____

( ) 2. List negative reinforcers _____

_____

G. Health, Personal and/or Physical Concerns

( ) 1. Poor attendance record.
( ) 2. Known and reported medical problem(s).
( ) 3. Receiving medication (what and why?).
( ) 4. Nutrition.
( ) 5. Hygiene.
( ) 6. Visual.
( ) 7. Hearing.
( ) 8. Locomotion
( ) 9. Other _____

H. Interventions and Remediations

Previously Attempted	Currently Attempting
Within regular classroom:	
( ) a. Behavior management	( )
( ) b. Parent conference	( )
( ) c. Individualized instruction	( )
( ) d. Environmental changes (seating, time limitation, etc.).	( )
( ) e. Other _____	( ) _____

I. In your opinion how can your team best benefit this student:

_____

_____

_____

_____

_____

_____

_____

If used as teacher assessment summary, please indicate date reviewed after referral (attach to MDT Summary Analysis).

Teacher Signature _____

Date _____

CONSULTATION SERVICES PROIVIDED BY SCHOOL PSYCHOLOGISTS:

A GUIDE FOR TEACHERS

INTRODUCTION

The National Academy of Sciences' recent report indicates it is the responsibility of teachers in the regular classroom to engage in multiple educational interventions on a child experiencing academic failure before referring the child for special education assessment (Alessi & Kaye, 1983, p. 46). Adding to the responsibility of the regular classroom teacher are recent findings by the President's Committee on Educational Excellence, and more immediately, the State of Washington's Legislative Mandates on funding for special education. Clearly, teachers are faced with increased expectations for student performance and concomitantly, with an urgent demand for assistance in dealing with a wide range of student abilities.

Teachers and school psychologists share a common goal, that of providing for the growth and development of each individual student. The school psychologist is prepared to facilitate this growth in a manner which supports and augments the efforts of the classroom teacher. The role of the school psychologist is to:

1. Provide consultation to the classroom teacher.
2. Provide consultation with other staff members in planning school programs.
3. Provide assessments of students for use in developing appropriate learning programs.
4. Provide psychological counseling for students and parents.

Approximately forty percent of the school psychologist's duties are devoted to teacher and staff consultation, interviews, observations, direct instruction, counseling, and conferences. The ability to provide this range of service is dependent upon three factors:

1. The psychologist's caseload.
2. The time allotted by the school district.
3. The psychologist's areas of specialty and training.

Like teachers, psychologists have widely varying backgrounds and interests which affect their ability to consult in various areas. The primary function of the school psychologist is to remain accessible to teachers in order to assist with the identification and remediation of students who are not profiting from the regular school experience.

STUDENT CONCERNS: WHEN TO ASK

Teachers should seek assistance from their multidisciplinary team (of which the psychologist is a member) when the following student concerns continue to persist:

Student Behaviors of Concern:

Off-task
Completion Rates
Accuracy
Comprehension
Listening Skills
Memory
Visual Complaints
Writing Skills
Letter Reversals
Distractibility
Computational Errors
Directionality
Defiance
Motivation
Disruptive Behavior
Aggressive Behavior
Self-Concept
Disturbed Peer Relations
Rapid Mood Shifts
Depression
Overactive
Excessive Fear
Toileting Skills
Delayed Development
Excessive Nervousness
Withdrawn
Lying/Stealing

Other Areas of Concern:

The school psychologist is available to assist the classroom teacher with the following areas of concern as well:

Classroom Management
Classroom Organization
Curriculum
Adjusted Curriculum
Grade Retention/Promotion
Gifted
Early Entrance
Suspected Abuse
Suspected Neglect
Family Problems (Divorce, Death, etc.)

CONSULTATION

The school psychologist is accessible to all teachers for student or classroom concerns. Traditionally, teachers have perceived the school psychologist as dealing only with students predesignated for special education placement. In fact, a large portion of time is devoted to students who simply are not performing to their expected potential. Evaluation data available indicate that approximately eighty percent of problems referred by teachers to school psychologists can be resolved without special classes with a problem focused strategy process. Some educational teams have resolved 95% of referrals made during the school year using such a consultation system. (Alessi & Kaye, 1983, p. 46).

The school psychologist, in concert with other school personnel, sets into action a consultation process which:

1. Determines the teacher's specific concerns and previous remediation efforts.

2. Determines the contribution of the teaching/learning environment.

3. Explores alternative strategies within the regular classroom

4. Determines family concerns.

5. Implements the appropriate strategies.

6. Monitors and adjusts the alternative program.

The contribution of these factors must be systematically explored before the student receives a comprehensive individual assessment. The success of the consultation rests on the skills of the team as well as the knowledge of effective management procedures (Allesi & Kaye, 1983, p. 46).

ADDITIONAL INTERVENTION STRATEGIES

In addition to classroom consultation, the school psychologist, when deemed appropriate, may:

1. Provide individual or group counseling.

2. Provide family counseling.

3. Arrange for referrals to other agencies.

4. Provide strategies for home/school coordination.

5. Provide parent training as well as inservice training to school personnel.

6. Provide a comprehensive assessment of the student's abilities.

COMPREHENSIVE EDUCATIONAL ASSESSMENT

Following alternative intervention strategies, the multidisciplinary team may elect to conduct a comprehensive assessment of the student's abilities. The school psychologist, based upon the referral and relevant background information, selects the appropriate instruments to provide more information.

The school psychologist and the teacher must work together in deciding the most useful areas of assessment, in gathering information and in generating practical applications of findings. As the process is undertaken, the school psychologist continues to observe the child in natural settings and meets with the teacher to clarify results. The final component of the assessment would be to work closely with the teacher in translating findings into program objectives. Thus, emergent skills are noted, deficiencies are delineated, learning styles described, and an individual instructional program evolves (Lutey & Copeland, 1982).

The school psychologist is responsible for administering and interpreting those tests which measure:

Intellectual Functioning
Visual and Auditory Perception
Behavioral Performance
Adaptive Behavior
Social/Emotional Development
Prevocational Skills
Vocational Skills

It should be noted that other support personnel may be involved with the assessment of perception, adaptive behavior, social/emotional, and vocational skills. This determination is made by the multidisciplinary team upon reviewing the referrals.

Generally speaking, the school psychologist interprets the tests and provides insight into a number of factors affecting student learning. Intellectual assessment provides data reflecting the student's strengths and weaknesses with regard to overall cognitive abilities, fund of knowledge, long and short memory as well as problem-solving skills. In addition, learning preferences are derived from the intellectual assessment which, when combined with other test data, allow the team to plan intervention strategies individually tailored to the student's needs and abilities.

Tests designed to measure perception provide information on how the student receives information through vision or auditory modalities. In addition, these tests measure the student's ability to produce information verbally or in written form. Collectively, data are gathered which contribute to the teachers' understanding of the individual student.

Social/emotional factors affecting student learning are also gathered through the student's responses to test items, examiner observations as well as interviews with the student. A significant portion of this data is gathered from the classroom observation, and teacher and family interviews. This information is taken into account when planning individual programs.

Adaptive behaviors are those which enable the student to deal with the demands of their environment on a daily basis. These data are gathered via standardized tests, formal interview procedures as well as observations and informal interviews. These measures are important to the overall program planning. The school psychologist is also prepared to assist with prevocational as well as vocational assessment and program development. While this is an emergi j field for many school psychologists, efforts are underway to provide the needed professional development in this area. Teachers designing vocational programs for students have access to school psychologists who can assist with assessment and program issues.

SUMMARY

In summary, the school psychologist is available to all teachers who are concerned about their students' progress. As advocates for children, the school psychologist is prepared to assist the teacher and other team members in developing the most appropriate and effective educational program possible. This can only be achieved by gaining the necessary insight and understanding of the unique individuals that we serve.

TIPS FOR TEACHERS:

HELPING STUDENTS WITH LEARNING DIFFERENCES

1. Structure the student's work for success. Children with learning disabilities come to school ready to learn and find unexplainably that they cannot. They become more and more frustrated and often end up unable to do anything successfully all day. They begin to feel failures and may become more and

more a behavior problem. By breaking this pattern and arranging a small success each time, you can help these students begin to think of themselves with pride and begin to learn.

2. Adjust work to the student's pace. Give a small amount to do at one time. If you know that learning to spell fifteen words is an impossible goal, begin with five instead. If finishing a page in reading or math is too difficult, instruct the student to do a part, keeping in mind, some days he will be able to do more than other days.

3. Use concrete objects and simplify as much as possible. Try to avoid the use of abstracts. If teaching math, give something, such as beans to handle and count. If learning about money, have coins to handle instead of pictures.

4. Try to minimize distractions. Have student work at a "clean desk" or table facing a clear wall or empty blackboard. Clutter confuses or distracts this type student. What to some would be an interesting stimulating bulletin board might be a confusing distraction to this student.

5. Consider seating the student near the teacher's desk. This is not meant as punishment, but for convenience so you as the teacher can quietly give the pupil extra help, if needed, for understanding directions. See that an assignment gets started correctly or help find the place in the book.

6. Keep your voice at a moderate and even level. The child with an auditory problem has just as much difficulty understanding shouted words as he does mumbled ones.

7. Try not to single out or focus attention on the child in front of his peers. A careless statement such as, "I'll help you get started on your test later since I know you can't read the questions" can belittle this child and destroy his self-image and completely turn him off.

8. Plan ahead for the student who can't read, so he can perform the same as other children. When content is the important thing rather than reading practice (such as in a social studies class), let him have the material read to him by a parent, older sibling, school volunteer or another student. Likewise, in instances where the content is the issue rather than the spelling or handwriting, let him dictate his own ideas to someone else to write down. The "someone else" should be instructed not to make corrections or changes. Information, instructions or tests may also be recorded on tape for this student. Tape recorders also may be used by the student to give answers to tests or reports. In correcting a paper, correct only for the leson's objective and do not take points off for errors that this particular assignment is not specifically involved in.

9. Structure the page for him. Give him a visual model he can follow using number boxes, columns, etc.

10. Give him credit for what he has done right instead of concentrating on what is wrong. He needs a great deal of encouragement, and praise should be given when and where it is earned. Try to find something to compliment whenever possible. If the disability is severe, begin with a positive comment every few minutes, "Good, you are sitting in your seat." "I like

the way you have your pencil ready." "You began that at the right place, fine!" "I see you knew the right page." Remind yourself to write something positive or encouraging on each paper, rather than only the number of errors.

11. Allow the student to take tests orally and have a longer time allotment. Avoid surprise quizzes or timed assignments.

12. Have him use a bookmark to block out all but one line to reduce distractibility. You can sometimes help a child concentrate on a distracting paper with many problems by blocking off some problems or folding the paper to show only one row at a time.

13. Consider arranging tests that will permit the student to respond verbally or on a tape recorder if the student can respond verbally, but is not ready to answer questions in writing.

14. Ask short questions. Make instructions brief and clear. Accompany verbal instructions with written or visual cues when possible.

15. Give reasonable homework. If you give homework, keep in mind that the average twenty-minute assignment might take the LD student as much as two hours to complete. Teachers may not realize the tension and frustration experienced by both LD child and parent to complete homework assignments. Homework, if it must be given, should be reduced to whatever the child can do in fifteen to thirty minutes.

16. Try peer tutoring. Peer tutoring can be used effectively within each classroom. Studies have shown that peer tutoring can be more effective than adult tutoring. Other children can be taught the skills of listening, teaching and helping others.

17. Some students with learning disabilities need more time to think. Since pressure causes them to falter, the patience you show in waiting can enable them to come up with the answer sought.

18. May need directions repeated quietly to him again after they have been given to class. Have him repeat and explain directions to you.

19. Gets very upset. When this occurs, it may take him a long time to "get in the groove" again. Give him freedom to move before he explodes.

20. Remember that "equal" or identical treatment is not always "fair".

Taken from: Resource Guide for Learning Disabled,
August, 1983 Inland Empire Chapter of WACLD

GUIDELINES FOR WORKING WITH STUDENTS WITH LEARNING PROBLEMS

1. If you suspect that a child is learning disabled, discuss the possibility with your supervisor and the parents.

2. Be aware that some parents will need to deny and negate your observations, sometimes to save face and sometimes out of fear of what it all means.

3. Check to see whether the child is getting other help; if so, determine how you can adjust your program to follow any techniques suggested in counseling, therapy or tutoring.

4. Assume that there will be some children in your class who learn best visually, and others auditorily. When you give directions or explanations, always try to say them as well as write them on the chalkboard or paper.

5. Divide more complex projects into specific steps. Step-by-step directions and encouragement to complete each segment before moving on helps a child feel more comfortable with tasks that otherwise may seem too overwhelming to attempt.

6. When giving instructions for an activity, always ask in an accepting way if there are any questions. You can also ask one or several students to review the steps in order. This checks recall for all youngsters in the group. It is particularly helpful for the highly distractible learning disabled children whose attention may have wandered while the information was given. Have the child tell you what he is to do.

7. Make a point to notice and compliment a child for something that he has done well, improved upon, or given his best effort--but be sincere.

8. Avoid harsh criticism; it is embarrassing and humiliating to any child. A child already full of self-doubt only suffers additional damage to his self-esteem. It is just as easy to say, "Would you like another sheet of paper?" as it is to say, "We can't use that messy paper!" Constructive, carefully worded evaluation of the child's work helps avoid a negative, rebellious response from the child.

9. Allow for an activity break (if only to stretch or walk around the room). Many learning disabled children have trouble sitting for long periods of time. If you must require such self control, have the child sit close to you. Let him know how proud you are of the quiet way he is sitting. Help him measure the amount of time he must remain in his seat in terms that he understands (until 2 o'clock, until we reach page 8, until the timer rings, etc.).

10. Keep work groups and teams small. This allows fewer distracting sounds and movements for the child to keep track of.

11. Limit the length of each activity to no more than a half-hour. Beyond this time, the distractible child's attention will surely wander, and he will be unable to focus without help. It seems logical to quit while you are ahead. If the activity requires more time, be willing to spread it out over several consecutive meetings.

12. Examine and modify certain tasks if you feel that they are beyond the skill of some of the children. Perhaps you can think of a more simplified version of the same task.

13. Check each pupil's reading skills at the beginning of the season by having each child read a short selection from the materials you will be using. If the material is too difficult, and you have no alternatives, enlist the parents' help in reading the materials to the child or with him.

14. Ask each child to copy a short note from the chalkboard so you will be aware of any difficulties in the writing process. If copying or writing is particularly difficult, consider some other system for reports and for hand activities. A tape recorder could be used for reports.

15. Give live demonstrations whenever possible. If you want children to do things in a certain way, show them. It may be the only way some children can learn.

16. Give the child a quiet work area away from the group if he seems too easily distracted in the main part of the room.

17. Clear away all distracting or unnecessary materials from the table or desk top, or erase from the chalkboard all except what is currently important. Use a large piece of blank paper to cover material you need to use again.

18. Allow the child to use a marker to keep his place; cover the opposite page if his eyes seem to travel away from the place.

19. Discuss things in terms of the child's immediate, personal experience. Refer to what he knows before you go into abstract concepts or things that happened long ago.

20. If you expect something from home the next day or week, be sure to send the message home in writing so the child and parent have something concrete to which to refer.

21. Help children and others to understand that while everyone is capable in certain areas, each is not necessarily good in all others. We are all different. That's what makes working and playing together so much fun.

Taken from: Resource Guide for Learning Disabled,
August, 1983 Inland Empire Chapter of WACLD

CLASSROOM MANAGEMENT SUGGESTIONS

Following is a list of options within the regular classroom which may be of benefit to LD children. Any classroom teacher willing to alter usual procedure and who is committed to helping children should find the following relatively simple to initiate.

I. Permit the Child to Use "Learning Aids" as Long as Needed Without Penalty (he will discard them when no longer necessary):

1. Allow child to keep his place by use of finger or any underliner.
2. Some children need a reading window (slot in card) to keep them from losing their place. This could be done for apart of the time.
3. Allow use of fingers, or other concrete materials, for counting when working math problems. (Abacus may be helpful.) Concrete "touching" material helps focus attention.
4. Carrying and borrowing marks will help child focus and remembers.
5. Allow the child to print if this is easier for him. For some learning disability children, learning a new code (cursive) sets them back unnecessarily. Many successful adults use only printing.
6. Encourage the use of a typewriter for children whose writing is slow and labored. It acts as a sequencer and concretizer.

II. Foster the Idea that Individual Differences are Natural and Accepted

1. The speed of mentation (processing mental information) is different in LD children. The teacher should make allowances by using "slow talk" and short sentences, and by giving the LD child extra time to formulate his ideas. These children don't "hear" (process) group directions well; it may save time to go directly to this child and repeat directions.
2. If three things are presented: "Open you math book to page 36 and do the first row of addition," he may only "hear" one of the three items. If his difficulty is anticipated, the teacher can repeat the directions slowly and thus will experience less "wear and tear" and frustration. Watch the child for fuzzy disorganized behavior or escapes into daydreaming.
3. Each child has his own rate of learning, as well as his own timetable of physical and social development. The "average child" concept can be misleading.
4. The timetables for acquiring the concepts of time, money and other measurements are especially slow in LD children.

5. Search for strengths which can be appreciated and rewarded.

III. Simple Classroom Adjustments in Organization and Procedure to Help the LD Child.

1. Provide a sheltered "learning place" for the child, more free from distractions: appropriate desk placement, use of movable partition--the "private office" idea, not used punitively, but "so you can concentrate better."
2. Help him to organize his study space. For example, he should have paper, pencils, crayons, books in order, available for use yet not in the way.
3. Break his work into short segments. Place a paper over distracting pictures. These children can't suppress their reactions to these things, so they experience quick mental fatigue.
4. Raise the "stimulus value" of elements to be learned. Any novel emphasis will help: color coding, emphatic use of voice, animation of material--these bring out elements in relief and promote associative learning.
5. Grading should be adjusted such that he is not constantly experiencing failing marks.

IV. Provide Better "Learning Odds" for the Child

1. The teacher should find the child's true functioning level in reading, math, etc., and should be aware when assignments are actually over his head.
2. Select special material for his reading alone. This should be gauged to give him 90% success (and enjoyment). If a 5th grade child can read at only the 2nd grade level, it is quite impossible for him to keep up (and behave) when he can decode only 40% of the words. High interest, low vocabulary material is needed for his solo reading.
3. For reading grade-level material, a volunteer or family member reader is needed. This is essential if he is to keep up with his class in content of material. And most of these LD children can learn content (as opposed to basic skills).
4. In tutoring an LD child when he is reading aloud above his level, the difficult words should be supplied fairly quickly by the tutor so that the child will get the story and enjoy it. It helps the tutor to realize that providing him a word on line 4 will not at all assure his recognizing it on line 12. In fact, the child may call it successfully on line 14 and miss it again on the next page.
5. Tapes of his books and lessons may be made by volunteers or family members, so that he can replay them himself at his convenience. Many children profit by reading silently along with the tape.
6. Oral examinations should be considered if a fair appraisal of the child's knowledge of content is to be found out. A trustworthy student, volunteer, or aide could be used to write as the child dictates.
7. Grading should be for ideas and content and not for spelling, punctuation, or neatness. Look for what he can do; look for improvements rather than faults.

These suggestions are adapted from suggestions compiled under the direction of Mrs. Ruth Edgington, Educational Consultant, University of Arkansas Medical Center, Little Rock, Arkansas.

65 WAYS TO SAY "GOOD FOR YOU"

That's really nice.
Thank you very much.
Wow!
I like the way you're working
Keep up the good work.
Everyone's working so hard.
That's quite an improvement.
Much better.
Keep it up.
It's a pleasure to teach when you work like this.
Good job.
What neat work.
You really outdid yourself today.
This kind of work pleases me very much.
Dickie got right down to work.
Ann is paying attention.
It looks like you put a lot of work into this.
That's clever.
Very creative.
Very interesting.
Good thinking.
That's an interesting way of looking at it.
Now you've figured it out.
Clifford has it.
That's the right answer.
Now you've got the hang of it.
Exactly right.
Super.

Congratulations. You only missed _____.
Terrific.
That's right! Good for you.
I bet your Mom and Dad would be proud to see the job you did on this.
Beautiful.
I'm very proud of the way you worked (are working) today.
Excellent work.
I appreciate your help
Very good. Why don't you show the class?
Thank you for (sitting down, being quiet, getting right to work, etc.)
Marvelous.
Groovy
Right on.
For sure.
Sharp.
That looks like it's going to be a great report.
Superior work.
That's a good point.
That's very good observation.
That certainly is one way of looking at it.
That's an interesting point of view.
Thank you for raising your hand, Charles. What is it?
Sherrie is really going to town.
You've got it now.
Out of sight.
Nice going.
Far out.
You make it look easy.
That's coming along nicely.
I like the way everyone started the assignment.
I like the way Tom is working.
My goodness, how impressive!
You're on the right track now.
That's "A" work.
John is in line.
Mary is waiting quietly.

Some of these are applicable with any age group--others with a little modification can be used with any age.

by: Edward S. Kubany
Clinical Psychologist - Honolulu

GAMES THAT TEACH SKILLS

Hand-eye Coordination

1. Perfection
2. Superfection
3. Skittles
4. Blockhead
5. Foosball
6. Video games
7. Ring Toss
8. Coloring books
9. Sewing Cards
10. Lego
11. Dot to Dot Work Books
12. Safety Darts
13. Hockey Table Games
14. Etch-A-Sketch
15. Models
16. Plastic Beads for Stringing
17. Ping Pong
18. Ben Bag Games
19. PIn Ball
20. Space Probe
21. Barrel of Monkeys

Visual Matching

1. Husker Du
2. Memory
3. Concentration
4. Old Maid
5. Go Fish
6. Lotto
7. Dominoes
8. Candy Land
9. Simple Object Bingo
10. Parquetry Design Blocks
11. Lite Brite
12. Qubic
13. Tangrams
14. Tesselation

Sequence

1. Models
2. Sequence Story Cards

Auditory Sequencing and Memory

1. Simon
2. Simon Says

Memory

1. Game of States
2. United States Puzzles
3. Memory
4. Husker Du
5. Concentration

Reasoning Skills

1. Checkers
2. Chess
3. Mastermind
4. Clue
5. Battleship
6. Stratego
7. Convoy

Large Muscle Control

1. Twister
2. Animal Twister
3. Equipent for Throwing
   - Balls
   - Bean Bags
   - Frisbee
4. Jump Rope
5. Toss Back
6. Ping Pong

Vocabulary

1. Password
2. Crossword Puzzles

Small Muscle Control

1. Perfection
2. Tiddily Winks
3. Puzzles
4. Lite Brite
5. Lacing Cards
6. Embroidery Kits
7. Pick-up Sticks
8. Beads for Stringing
9. Pegs and Peg Board
10. Models
11. Lincoln Logs
12. Clay
13. Scissors
14. Lego
15. Play-Do

Spelling

1. Boggle
2. Word Yahtzee
3. Crossword Puzzles
4. Word Search
5. Speak & Spell
6. Scrabble
7. Scrabble for Juniors
8. Hangman
9. Spell & Spell
10. Label Maker
11. Scribbage

Resources Guide for Project Success Helping Teacher
Presented at WORD Conference by: Nancy Goldberg
Highline Public Schools Seattle, Washington
April, 1980

CLASSROOM REINFORCEMENT MENU

Extra Time out of Class:

1. Go to rest room
2. Get drink
3. Run errands to office
4. Go to library
5. Early dismissal
6. Day off
7. Reduce homework
8. Hall monitor
9. Go to principal's office

Assistance to Teacher:

1. Pass out/collect papers, books, etc.
2. Take attendance
3. Help to put up bulletin board displays
4. Grade papers
5. Escort visitors
6. Enter grades in markbook
7. Safety patrol
8. Class officer
9. Class monitor
10. Tutor other children

Inherent in Class Activity:

1. Teacher read, continue story
2. Student read, continue story
3. Choose own instrument to play, song to sing
4. Use of telescope, microscope. TV, etc.
5. Choice of own reading material
6. Participation in plays
7. Chance to write letters
8. Chance to select workmate
9. Choice of seat
10. First in line
11. Art, cutting, coloring, etc.
12. Arts and crafts
13. Bake, cook, etc.
14. Choice of class games
15. Team captain
16. Discussion period of child's choice
17. Recess outside in warm weather, inside in colder weather
18. Free time for all other active games
19. Movies
20. Assembly

Reinforcers Given in School:
--Valued at Home

1. Favorable progress note
2. Making gifts
3. Conference with parent
4. Parent invited to visit
5. Photo of child working
6. Certificates of Merit
7. Test Scores

Extrinsic Reinforcers:

1. Token system
   a) in which tokens are given or removed
   b) on an individual or group basis
   c) redeemable from menu or store
2. Parties
   a) for own class
   b) host for other class
3. Trips
   a) picnics, parks
   b) museums, zoos
   c) movies
   d) sports events, skating
   e) newspapers
4. Free time in recreation area
5. Candy, gum, fruit, etc.
6. School supplies, erasers, etc.
7. Toys, comics, coloring books, etc.
8. Extra time with teacher, principal
9. Jacks, marbles, trading cards, etc.
10. Check out extra library books
11. Clown, magician
12. Puzzles, dominos, checkers, etc.
13. Eligibility for sports

Feedback--Evaluative:

1. Grades
2. Competitive ranking
   a) seats
   b) charts
   c) work displays
3. Praise from class
4. Class performance graph
5. Individual performance graph

From: Richard Stuart, Control of Human Behavior

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CLASSROOM CONSULTATION: UTILIZING THE SERVICES OF COMMUNICATION DISORDERS SPECIALISTS

INTRODUCTION

This portion of the manual explores consultation skills as they relate to altering service delivery for speech and language delayed students. Before discussing the various service delivery models available for the Communication Disorders Specialist, a review of services available by the C.D.S. is provided.

SERVICES AVAILABLE

The C.D.S. brings to the school setting a number of skills. While not every C.D.S. is strong in every area, the C.D.S. is responsible for professional growth in each area so that these services can be delivered.

The areas of expertise include:

1) Curriculum (i.e., listening skills);

2) Assessment of speech and language skills, auditory processing and the screening of auditory acuity;

3) Therapy provided primarily on an individual or small group basis. C.D.S. are, however, beginning to examine large group and classroom programming methods;

4) Interpretation of the rules and regulations of Washington, particularly in relation to speech and language delayed students;

5) Consultation with all school staff personnel regarding language development and programming;

6) Referrals to appropriate medical personnel;

7) Evaluate teacher understanding of speech and language levels and implementation of instructional level;

8) Individualized Educational Plan development and implementation involving the teacher and parents;

9) Staff inservice;

10) Link with the administration regarding individual student concerns as well as overall program concerns;

11) Development of alternative communication systems.

The service delivery for speech and language delayed students is a shared responsibility. While the C.D.S. should be expected to make recommendations of service delivery based on the students' needs, the teacher should also provide information as to appropriate placement for their students.

OVERVIEW OF SPEECH AND LANGUAGE DELAYS

Before discussing different service delivery systems, a summary of speech and language delays is provided. Speech and language delays can be separated into four major categories: articulation, voice, fluency, and language. When discussing delays in speech and language the student's age must be considered.

The following is a summary of speech and language disorders:

1. Articulation:
   This is a delay in the student's ability to produce speech sounds correctly. We would expect students eight years of age and older to correctly produce all sounds correctly. Some articulation delayed students will have delays in auditory discrimination skills which may also impact the students reading ability, particularly in the area of word attack skills.

2. Voice:
   Voice disorders can be broken down into the following areas:

   a) Quality disorders - These are the most common voice disorders in students and are oftentimes caused from misusing or abusing the voice. Hoarseness and stridency are common discriptors for quality disorders.

   b) Pitch disorders - These voice disorders are based on the age and sex of the individual. Students who fall outside the range of normalcy for their age and sex, in regards to pitch, (ie., the male high school student whose voice is too high) may require therapy to produce a more socially appropriate voice. Also, students with no fluxuations in pitch (monopitch) may require services.

   c) Loudness - These are disorders that are based upon socially appropriate use of loudness.

   d) Nasality - Nasality is judged on the amount of sound coming from the nasal cavity (nose) as opposed to oral cavity (mouth). Students with cleft palates have hypernasality (too much nasality) while other students may display hyponasality (not enough nasality). Students with hyponasality sound as though they always have a cold. When nasality problems are severe, articulation differences appear. Hypernasal voices substitute "m" for "b", "n" for "d", and "ng" for "g". Hyponasal voices substitute "b" for "m", "d" for "n" and "g" for "ng".

3. Fluency:
   Fluency is one's ability to speak without hesitations or interruptions in the flow of speech. Common terms for the lack of fluency include: dysfluency, stuttering and stammering (stammering being an old term for stuttering). Students who are in preschool and the primary grades may display dysfluencies that they themselves are unaware of. These students should be observed by the C.D.S. however, typically are not seen in direct therapy. Students who display stuttering characteristics have major breaks in their flow of speech. They may also have feared words and speaking situations that compound the problem.

4. Language:
Language is defined as the meaning placed on oral, written or gestural symbols by which a society communicates. As can be seen by the definition, language includes oral language (both speaking and listening), written (understanding and creating written symbols) and sign language. For a very brief overview of language we will break it down into three components.

a) Auditory processing - This is the ability to discriminate sounds, blend sounds and remember information presented auditorily. This is an underlying process by which the student uses information received to understand and use language. Students with delays in auditory discrimination or sound blending skills may have difficulty in reading when a phonetic approach is used. Their underlying system cannot use the information in the way an intact system uses the information. Students with auditory memory problems will have difficulties following multistep directions if they are presented solely through the auditory mode.

b) Receptive language - This is the ability to understand the meanings of words as well as understand the rules of how language is put together. Students with delays in understanding language will have difficulty using language appropriate to their age level. When a student has difficulty understanding language he/she will most likely show reading comprehension deficits, difficulty understanding new concepts/definitions and difficulty deriving information from contextual cues both in spoken and written language.

c) Expressive language - This is the ability to use or create oral or written language at an age-appropriate level. Expressive language difficulties may occur as a result of difficulties in receptive language or may occur alone. Expressive language includes the ability to define words, use appropriate sentence grammar orally or use language appropriate to the situation (i.e., maintaining a topic of discussion). Students with oral expressive language delays will most certainly have written expressive language difficulties. The students who speak with incomplete sentences will have difficulty writing a complete sentence, let alone use proper punctuation. Students who do not use compound, complex sentences orally, cannot be expected to do so when writing.

SERVICE DELIVERY SYSTEMS

While some general consultation skills are discussed, the majority of the materials presented in this section are "how to" ideas for encouraging alternatives to the traditional pull-out model for speech/language services.

It should be remembered that consultation as a program option is not an all-or-nothing issue. These different types of service delivery systems are on a continuum. Information regarding delivery of speech/language therapy, within the classroom while the C.D.S. provides the lesson to all or part of the class. classroom groups being served in a pull-out situation, and in-classroom therapy groups have all been included.

For general information regarding "Consultation" other sections of this manual should be explored. That information will be of assistance when developing the program options discussed within this section.

The role of the Communication Disorders Specialist is continuing to evolve within the public school setting. The service delivery models discussed here are options to be considered by the C.D.S. and classroom teacher.

SUMMARY OF C.D.S. SERVICE DELIVERY SYSTEMS

Models	Types of Disorders	Levels
Traditional Pull-Out 1. Weekly intervention 2. Individual or small groups (homogeneously grouped)	1. Fluency 2. Voice 3. Articulation 4. Language	1. Evoking and stabilizing in indivicual/small group setting. 2. Evoking/stabilizing/reporting on abuse 3. Evoking in isolation - reading. Groups - conversation 4. Drilling structures
Classroom Pull-out	This model incorporates all types of disorders so that strategies developed by individual students will be monitored/supported by the other students in the classroom. Nonhandicapped students should be included.	All levels are appropriate.
Classroom group 1. CDS provides therapy to one or more C.D. students within the classroom 2. CDS may teach entire lesson in small group	1. Fluency 2. Voice 3. Articulation 4. Language	1. Reading - Conversation 2. Reporting Abuses - Reading - Conversation 3. Sentence - Reading - Conversation 4. All levels
Speech/Language Improvement 1. Used for preschool thru first grade 2. Special Ed Classrooms 3. Entire classroom receives lesson 4. Students with IEP must be served via another model in addition to this one.	This model will enrich skills of all students, however, will not be the sole delivery model for C.D. students.	Listening/discriminating skills as well as group response will be primary levels.

ALTERNATIVES TO THE PULL-OUT MODEL OF SERVICE DELIVERY

Definition of Programs

1. Speech Improvement Programs
   Speech improvement programs are delivered to the entire class. Typically, these programs emphasize auditory perceptual skills and general speech improvement. This programming may be a part of the communication disordered student's overall IEP program.

2. Language Improvement Programs
   Language improvement programs are delivered to the entire class. These programs tend to be directed to improving general language skills (grammar or vocabulary enrichment). This programming may be a part of the communication disordered student's overall IEP program.

3. Language Therapeutic Programs
   For students with language disorders that benefit from an integrated program. This programming shall be stated on the IEP as part of the language therapy for the student. This type of program will most probably occur in the special education classroom, as all students receiving the therapeutic program should have goals and objectives in the area of language.

4. Supplemental Classroom Programs

   a. "Shop Talk"* - conducted in the classroom for prevocational students

   b. Project CUE* (Communication - Understanding - Expressing). Classroom language improvement/therapeutic program centered around the reading text.

   c. Total Communication - Process of using simultaneous sign language and spoken language.

   These classroom programs should be stated on the IEP as part of the speech/language program.

5. Alternative Grouping Model**
   This model requires that all communication disordered students within a classroom be pulled out at the same time. In addition to these students, non-handicapped students shoud also be pulled out of the class to serve as peer tutors. In this way, ongoing peer tutoring can occur throughout the week.

   When using this model, both the time spent within the group and the time spent with the peer tutor should be reflected on the handicapped student's IEP.

* Supplemental Guidelines for Speech and Language Programming, Allegheny Intermediate Unit, Suite 1300, Two Allegheny Center, Pittsburg, Pa.

**Board of Cooperative Education Services, Secondary Supervisory District, 3599 Big Ridge Road, Spencerport, New York, 14559

ALTERNATIVE SERVICE DELIVERY SYSTEMS:

A SUMMARY OF STRENGTHS AND WEAKNESSES

Strengths	Weaknesses
> Better overall programming for the student.	> TIME
> More consistent program delivery for the student.	> Difficulties in getting teachers, aides and administrators to adopt new systems.
> Better integration of student into the regular classroom. (i.e., better least restrictive environment requirements.)	> Difficulties in changing staff and parent perceptions of the traditional C.D.S. role.
> Helps the teacher maintain information concerning present level of performance in the area of speech and language skills.	
> Provides relevant and applicable situations for the student to utilize his new skills.	
> Increases the teacher's overall knowledge of speech and language development/delays/programming.	
> Increases the support system for speech/language delayed students with teachers, parents, aides, and peers.	

TEACHER-CDS INTERFACE

FOR PROGRAMMING COMMUNICATION DISORDERED STUDENTS IN THE CLASSROOM

A. Pre-referral Involvement - Input from teacher on TOTAL Child
   1. Input on current level of performance is provided by the teacher.
   2. Input as to intervention attempts within the classroom is also provided by the teacher.

B. Input During the Assessment Period:
   1. The teacher provides assessment information.
   2. The CDS provides assessment information.
   3. Modifications of the assessment are made based on teacher/CDS interface.

C. Teacher/CDS Program Planning:
   1. CDS provides the teacher with examples of different service delivery models appropriate for this child.
   2. Teacher and CDS determine how intervention can be provided within classroom.
   3. CDS and teacher determine how much therapy time can occur outside AND inside the classroom.

D. Inservice for Teacher:
   1. CDS provides specific information concerning the child's deficit to the teacher.
   2. CDS describes the prerequisite skills the child requires prior to classroom intervention (if any).
   3. Negotiations between the teacher and CDS occur as to which specific objectives and/or goals each will be providing for the student.

E. Identifying Materials/Methods Used Within the Classroom:
   1. The CDS and teacher determine how the speech/language needs of the child can be met in the classroom program.
   2. The CDS and teacher examine the materials available to the teacher and adapt them for use with the particular child.

F. Observation and Follow-up:
   1. Teacher observes CDS providing therapy.
   2. CDS observes the student within the classroom setting.
   3. CDS and teacher determine if direct therapy can occur within the classroom.
   4. Teacher and CDS keep each other constantly updated on the student's progress.
   5. Specific timelines for progress checks are established between the teacher and CDS.

TEACHER/CDS LESSON PLANS

The following lesson plans were developed by teachers and CDS. They should be viewed as samples of goals and activities that can be incorporated into the classroom. While each teacher/CDS interface will be different, these lesson plans can provide a format by which each person's needs can be met.

TEACHER/CDS LESSON PLAN

Kindergarten Art, 30 minutes

Educational Objective	Language Articulation Objective	Time	Activity	Required Materials	Management Strategies
Student will increase fine movement of fingers, hands and wrists and increase hand/eye coordination.	1. Increase initiation behaviors; requesting, commenting. 2. Student will follow directions that include prepositional concepts such as: on, under, around, over, in. 3. Students will respond to simple "wh" questions.	20 min. 10 min.	1. Cut, paste, and color Thanksgiving pictures, with students requesting materials and commenting. 2. During cut and paste activity, students will follow teacher's directions involving concept: on, under, around, over, in. 3. Sharing art project activities: teacher asks simple "sh" questions-students respond (teacher models correct response). 4. During sharing activity students will think of foods beginning with /K/ and /G/ sounds.	Art materials: paper, paste, colors, scissors, feathers.	1. Interact with each student. 2. Student will request materials. 3. Involve all senses. 4. Flip lights for attention, phrases from teacher. 5. Teacher will intervene if necessary for time out. 6. Children will work in small groups at tables.

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TEACHER/CDS LESSON PLAN

1st Grade Reading, 20 Minutes

Educational Objective	Language Articulation Objective	Time	Activity	Required Materials	Management Strategies
1. The student will correctly follow in sequence a series of oral or printed directions.	1. Recognize /K/ and /G/ sounds in a series of other sounds (i.e., p, b, k, t, g, etc.).	5 min.	Raise hand when /K/ and /G/ sounds are presented by clinician.	Hands Mouth	Self-monitoring "Look and listen to me."
	2. Students will read one line at a time orally in the reading book. Then the clinician will repeat the line they read and the students will raise their hands when they hear the /K/ and /G/ sounds in each work.	10 min	Raise hand when sound is heard in target word and group will produce the target word following a cue given by the clinician.	Book	Monitoring by clinician. Cue by clinician "Let's say the word."
	3. Teacher will choose a student to produce the /K/ or /G/ word by himself and tell us what position of the word the sound comes in.	5 min.	The other children, as a group, will decide whether or not the answer given by their peer is correct or incorrect.	Hands Mouth	Self-monitoring

1st Grade Reading 30 minutes

TEACHER/CDS LESSON PLAN

Educational Objective	Language/Articulation Objective	Time	Activity	Required Materials	Management Strategies
1. Given a common phonogram et, the pupil associates that phonogram with the sounds that that letter group usually stands for. 2. Pupil notes and is able to recall the correct sequence of events in a selection read or in a selection read aloud by teacher.	1. Student will correctly sequence verbally 3 events after hearing passage aloud with 90% accuracy. 2. Student will respond to "who" and "where" questions about story with 90% accuracy. 3. When given illustrations from the story, the student will be able to point to and verbalize "in", "on", "under", "beside", with 90% accuracy.	10 min. 5 min. 5 min. 5 min.	1. Review story "Monkey and the Banana", students taking turns recalling 3 sequences of events. 2. Each student will answer 2 questions about "who and where" in the story. 3. During the story review and picture discussion, each student will point to and verbalize "in", "on", "under", and "beside". 3a. Drill on weak concepts. 4. Students will correctly identify: pet, let, jet, net, get, wet. --- Alternate Activities 1. Sequence cards, student arrange and tell story. 2. Rhyming game for et word, "It starts with "g" and rhymes with net."	Student's reading book Flash cards of et words Sequence cards Flash Cards	1. Interact with each student 2. Student will tell page number. 3. Involve all senses: touch, hearing, sight. 4. Phrases to use: "Eyes on me", "Look here, whisper please." "I'm looking for independent workers." 5. Teacher will intervene if "time-out" is necessary.

TEACHER/CDS LESSON PLAN

1st Grade Socialization Whole Class

Educational Objective	Language Articulation Objective	Time	Activity	Required Materials	Management Strategies
1. Student will enhance ability to demonstrate proper grooming behavior. a) Student will wash hands and face. b) Student will brush teeth. c) Student will have shoes tied and on correct feet.	1. Student will demonstrate correct sequence of proper grooming skills with 90% accuracy. 2. Student will verbalize each grooming activity using present and past tenses when appropriate, utilizing complete sentences in answer to "wh" questions with 90% accuracy.	3 min. 15-20 mins.	1. Review with class grooming skills and correct sequence. 2. Each student will wash hands and face, brush teeth, and check shoes. 3. Each student will answer two "wh" questions.	Soap Sink Water Paper Towel Toothbrush	Use the teacher's specific strategies.

TEACHER/CDS LESSON PLAN

2nd Grade Reading, 30 minutes 1 multi artic, 2 /s/, 1 lang., 2 normals

Educational Objective	Language Articulation Objective	Time	Activity	Required Materials	Management Strategies
1. Given a list of known words the pupil will be able to identify those in which he or she can hear the long "a" sound.	1. Student will pronounce /s/ phoneme in syllables - combined with "a" - in initial, medial, final positions with 90% accuracy. sa asa as 2. Student will respond in complete sentences 90% of the time.	10 mins.	1. Black board activity - 3 syllables written on board--student write over the one he chooses to say and says it correctly. 2. Pick a word from the board and use it in a sentence. 3. From key word list the student will pick the word to fill in the story.	Chalk and black board. List of long a words and regular words Key words on flashcards.	1. Interact with each student. 2. Involve all senses. 3. Turn out the lights for time out. 4. Pick out the child on task and reinforce.

TEACHER/CDS LESSON PLAN

3rd Grade Reading, 30 minutes

Educational Objective	Language Articulation Objective	Time	Activity	Required Materials	Management Strategies
1. The student will correctly answer questions concerning important information contained in a selection read aloud by the teacher. 8 students 3 language def. vocabulary syntax auditory proc.	1. Student will correctly sequence verbally four events after hearing passage read aloud with 90% accuracy. 2. Student will answer and formulate who, what, where, when, how questions about the story with 90% accuracy. 3. Student will demonstrate knowledge of five vocabulary words through identification, definition, and use in sentences with 90% accuracy.	15 mins. 8 min. 7 min.	1.1 Read selection, students take turns relating 4 sequences of events. 1.2 Student will use singular/plural noun past tense verb structures to relate sequence of events. 2.1 Each student will answer or formulate one question concerning the story. 2.2 Student will use singular/plural noun, past tense verb structure to answer questions and will use past tense who, what, where, when, how, question structure. 3.1 Each student will identify and define or use in a sentence one vocabulary word. 3.2 Discuss the meaning of word in selection read and also other word meanings.	Student's reading book. Flash cards with vocabulary words.	1. Interact with each student. 2. C.D. students will be reinforced for correct responses in group on an individual basis. 3. Phrases: Show me you're ready to work. 4. Model linguistic structure if necessary. 5. Present flashcards if necessary. 6. Involves vocabulary syntax, and auditory memory, comprehension skills.

TEACHER/CDS LESSON PLAN

3rd Grade Science, 30 minutes - 6 students

Educational Objective	Language Articulation Objective	Time	Activity	Required Materials	Management Strategies
1. The student will be able to explain the process of embryonic development from fertilized egg to incubation to hatching.	1. Student will verbally define basic vocabulary as follows: fertilization: hen, rooster, chick, incubator, embryo, developing, temperature, thermometer.	15 min	1a. Present pictures and flashcards of each vocabulary word. b. Round the world. c. Match board work/work sheet. Written definition with word.	Flashcards of vocabulary words. Pictures of vocabulary words. Definition cards. Worksheets.	1. Use direct instruction question strategies to interact with each child.
	2. Student will correctly sequence first six cards depicting process of development.	5-10 mins.	2. One student mixes cards. Other puts in order.		
	3. Student correctly use /r/ phonome in conversational speech while describing past sequence. 90% accuracy.	10 mins.	3. Students will describe the six step process in sequence.		

UTILIZING EDUCATIONAL CONSULTANTS IN THE

REGULAR CLASSROOM SETTING

INTRODUCTION

Educational Consultants provide assistance to teachers in the following areas: classroom management, characteristics of learning disabilities and teaching strategies, planning for individual students with special needs, IEP development, assistance in locating resources, and orientation and support for new teachers, or experienced teachers transferred to an unfamiliar subject area. Teachers who would like objective feedback on their teaching strategies or management of a special needs students can request an informal observation. Also, phone consultations are an option for those with specific questions.

After receiving a request for this consultation service, the following procedure is recommended:

1) If the consultation is for more than one person, a written needs assessment is compiled by the person(s) requesting the service.

2) In a conference with the consultant, needs are analyzed.

3) Priorities are established.

4) Possible strategies are considered.

5) A joint decision is reached about which strategies should be implemented.

6) A plan of action is developed, scheduled, and carried out.

7) Follow-up is scheduled for feedback and evaluation.

8) Further assistance is scheduled as required.

AREAS OF ASSISTANCE

Following are some general topics and brief program descriptions of areas in which assistance is available. The goal of the consultation would vary from increasing awareness to helping design an implementation plan, depending on the requesting person's needs.

The Assist Program was developed by ESD 121 to provide teachers with a comprehensive resource for self-esteem building activities. It contains lesson plans, student art and writing projects and resources. Although designed for the elementary level, it has been used successfully in special education classes in junior high.

Direct Instruction is simply active, engaged learning time between teacher and students. Current research indicates the highest student achievement occurs when the largest percentage of classroom time is utilized for direct instruction rather than individual learning (worksheets, workbooks, etc.). There are several resources and strategies available to help maximize direct instruction time.

PROJECT ACCESS: Adapting Current Curriculum with Essential Study Skills
Central Kitsap School District #401 P.O. Box 8 Silverdale, Washington

Project ACCESS is an alternative special education model for serving learning disabled students at the secondary level. This program teaches application of study skills, organizational techniques, and the appropriate behaviors necessary to achieve success in content classes.

An optional unit teaches students the use of a computer software package. This includes a word processing approach and a word speller. The application of these compensatory skills can enable students to achieve success within the mainstream curriculum.

Project Support is a model designed by the North Kitsap School District for learning disability students in grades 1-6, with adaptations possible for K-8. There are three aspects including: 1) training for special education teachers in consulting skills to help work effectively with regular education teachers; 2) a study skills curriculum; and 3) inservice training materials for education of regular education staff in learning disabilities and overall effective teaching strategies.

Self-Protection for the Handicapped is a comprehensive curriculum developed by Kent Public Schools for mildly retarded students. Its purpose is to train those students in skills which will prevent sexual abuse and exploitation.

Social Skills Training focuses on teaching both classroom self-management and peer social skills. Its goal is to help students achieve an adequate level of appropriate behavior and interactions to enhance success in the classroom. There are programs for both elementary and secondary students.

Teacher Sharing Sessions. The ESD's Program Division has launched a series of special education teacher sharing sessions. The objective is to provide an ongoing opportunity for special educators to share teaching techniques and brainstorm approaches to individual program problem areas.

One product developed by these teachers is a booklet containing descriptions of each teacher's current assignment and areas of teaching expertise. This functions as a directory network for ongoing communication and support.

Needs assessments from the teachers are compiled. An Advisory Board of representative teachers meets and prioritizes the results and plans activities to address these needs.

Support personnel, regular education teachers, administrators, parents, and college students are welcome to participate.

An information network form follows.

T.E.S.A. (Teacher Expectation and Student Achievement): This inservice training program is designed for teachers of all subjects, grades K through the college level. The program identifies extensive research showing that teacher interactions with students they perceive as "low achievers" are less supportive and less motivating than interactions normally practiced with students they perceive as "high achievers." Teachers are trained to use an interaction model involving specific techniques with all students, resulting in academic growth for "perceived lows." The program originated in 1971. Since that time 1,190 educational agencies throughout the United States and abroad have requested and received TESA training for their staffs.

Young Children in Action by Mary Hohmann, Bernard; Banet and David P. Wiekert; High/Scope Publications; Ypsilanti, Michigan. This preschool process provides a cognitively oriented curriculum based on developmental theory. The curriculum has been used with children who are gifted, mildly to severely handicapped or economically disadvantaged. Model programs have been successfully implemented in the United States, Australia, and Latin America.

SPECIAL EDUCATION INFORMATION NETWORK

The Special Education Network Request Form (on the following page) is designed to assist teachers to share information and receive help in a particular area. Teachers complete the forms and send them to ESD 101 where they are compiled and placed in a directory. A teacher can then contact the teacher who has indicated knowledge in that area.

If you would like to be included, please complete the form and send to ESD 101, W. 1025 Indiana, Spokane, WA 99205-4562, Leona Stratton. To receive a copy of the directory, write to the same address.

TEAM PLANNING AND TECHNICAL ASSISTANCE

These samples on the following pages illustrate ways to incorporate the team process in the classroom. Both the educational consultant and teacher can capitalize on the team process by writing goals and objectives that complement each other. Awareness of each other's objectives can increase the effectiveness of teaching specific skills to the special needs children they serve.

SPECIAL EDUCATION INFORMATION NETWORK

Name_____ Position/School Bldg._____ School District_____

Address_____ Phone_____ Home Phone (Optional)_____

Type of student served:	Subjects taught:	Age range of students served:	Curriculum and specialized equipment you have found effective:
1. L.D. 10. Chapter 2 5. M.R. 11. Multihandicapped 6. Ortho 12. C.D. 7. Visual 13. Health Impaired 8. Hearing 14. Dev. Delayed 9. Chapter 1 15. Headstart Other:_____	___ Resource Room ___ Self-Contained ___ Preschool ___ Vocational Other:_____	_____ Birth - 3 years _____ 3-5 years _____ 6-12 years _____ 13-18 years _____ 18-21 years	
Program options available to your students:	**Areas of teaching experience and expertise:**	**Information on special education programs you are willing to share:**	**Comments/Wants/Needs/ Inservice:**
___ Mainstream/Resource Room ___ Self-Contained ___ Vocational Training ___ Mainstream/Self-Contained ___ Contractual ___ Preschool ___ Monitoring in Mainstream Other:_____			

PLEASE RETURN TO: Teacher Sharing Sessions Advisory Committee
Special Education Services
W. 1025 Indiana
Spokane, WA 99205

SCHOOL: District #235 DATE: 2-3-84

ADDRESS: Central Elementary (Street) Spokane (City) WA (State) 83854 (Zip)

NEED: Identify needs of daily kindergarten routine for child with cerebral palsy. Schedule follow-up and inservice to meet needs.

NAME(S) OF REQUESTER: Kenneth Goad - Principal Anna Johnson - Teacher

TECHNICAL ASSISTANCE OUTCOME: (Check one or two)

X Knowledge/Awareness; __Skill Development; __Product Development; __Decision-Change

Technical Assistance Objectives	Technical Assistance Activities	Technical Assistance Documentation
Identify teacher concerns and develop possible strategies.	Met with Anna prior to childrens arrival. Discussed the following areas of need for Jenny's program. 1) Expectations for toileting - self feeding. 2) Expectations for behavior. 3) Transporting Jenny during fire drills. Proper lifting, carrying, positioning. Schedule consult with physical therapist. 4) Expectations for Jenny's "stamina." 5) Adaptations for seat work--cutting, writing, art, academics, considering Jenny's fine motor involvement. Assist aide with materials list and consult with occupational therapist on collecting data. 6) Instruction for handling Jenny's contact lenses, wheelchair, and rifting chair. 7) Background information of visual involvement and how to adapt curriculum materials if necessary.	

SCHOOL: _____ DATE: _____

ADDRESS: _____ _____ _____
(Street) (City) (State) (Zip)

NEED: _____

_____

NAME(S) OF REQUESTER: _____

TECHNICAL ASSISTANCE OUTCOME: (Check one or two)

__Knowledge/Awareness; __Skill Development; __Product Development; __Decision-Change

Technical Assistance Objectives	Technical Assistance Activities	Technical Assistance Documentation
Observation, continued	8) Detailed assessment of Jenny's fine and gross motor skills. 9) Possible uses of wheelchair in classroom. 10) Methods to decrease other children from encouraging dependent behavior from Jenny. Met with Joan Sullivan, O.T. and discussed Jenny's program. Observed their therapy session.	
Group Reading Instruction/Seat Work	Jenny followed most group reading instruction and completed her lesson with an expected amount of individual instruction. Preferential (toward front of group) seating during group instruction should help increase Jenny's attending.	Mary Beacon Ed. Specialist ESD 101
Follow-up session to meet needs.	Schedule 2-13-84 with Ben Alder, Physical Therapist; Jean, Occupational Therapist; Tom Stevens, Vision Specialist; and Mr. and Mrs. Fultz, parents. Request appropriate information from each for Jenny's program.	

SCHOOL: Brian Elementary DATE: 3-14-84

ADDRESS: Box 14 (Street) Mountain View (City) WA (State) 99011 (Zip)

NEED: Observe program for Andrew Collins. Team process developmentof program and instructional strategies

NAME(S) OF REQUESTER:

TECHNICAL ASSISTANCE OUTCOME: (Check one or two)

X Knowledge/Awareness; X Skill Development; __Product Development; __Decision-Change

Technical Assistance Objectives	Technical Assistance Activities	Technical Assistance Documentation
1. Gather Information	1.1 Conducted file review	
	1.2 Spoke to school psychologist, resource room teacher, reading teacher, classroom teacher, and Communication Disorders Specialist about Andrew's program and performance.	
2. Observe	2.1 Observed in his reading group. 2.2 Observed in the resource room. 2.3 Observed in the regular 3rd grade class.	
3. Team process program planning and recommending.	3.1 Met with teachers to discuss assessment data, observations, program suggestions, and some topics for experimentation.	
4. Met with parents to discuss findings.	4.1 Met with parents and teachers, discussed findings and program recommendations.	

INTERDISCIPLINARY TEAM LESSON PLANNING FORM

Objectives: Educational Articulation Language OT/PT	Setting: Large Group Small Group One-to-One Independent	Time: Duration	Activity:	Materials Required:	Management Strategies:	Special Considerations:

EDUCATIONAL CONSULTANTS FOR

HEARING AND VISUALLY IMPAIRED STUDENTS IN THE MAINSTREAM

INTRODUCTION

Educational Consultants for the hearing and visually impaired are professionals trained to deal with the unique aspects of the sensory impaired population. This individual should be able to provide the following services.

1) Consultation with the teachers regarding students' individual needs;
2) Inservice to the staff regarding hearing and visual impairments, aids and assistive devices, etc.;
3) Program development and implementation;
4) Direct intervention to the student such as therapy and counseling;
5) Assessment;
6) Interpretation of assessment results; and
7) Linking family and school with outside agency resources.

The decision to mainstream sensory impaired students into the regular classroom is based upon a number of home and school factors. The suggestions that follow are designed to assist the regular education teacher in providing the best possible situation for the sensory impaired student.

MAINSTREAMING THE HEARING IMPAIRED STUDENT

The following is a collection of ideas, comments and suggestions for integrating the hearing impaired child into a classroom of hearing students:

A. Routine
During the initial stages, establish and follow a routine so the hearing impaired child will know what activities should follow another. By creating routine in the child's day, he will be less likely to be confused in general activities expected of him.

B. Classroom Environment
Lighting and seating: As the student depends to a great extent on visual cues, the cues must be able to be seen clearly. Therefore, proper seating is required for the hearing impaired student.

1) The hearing impaired student should be seated so the light (especially light from the windows) is behind him and falls on your face.

2) Often the student can best choose the seat from which he can best see you. If placed too close to you, he will have to look up to see your face.

3) If the room must be darkened for films, make sure there is enough light on your face so the hearing impaired child can follow the commentary or questions.

4) Use as much natural light as possible. Fluorescent lights are harsh and make speech reading much more difficult.

5) If the light is behind the speaker, the speaker's face is shadowed which makes it difficult for the hearing impaired child to speech read. When the hearing impaired student has light shining into his eyes, he is unable to see well enough to speech read or pick up other visual cues.

6) Arrange the seating in the classroom so the hearing impaired child can see most of the other students as well as the teacher. It will be much easier to follow discussions.

C. Communication

Speech reading is the primary method by which many hearing impaired students receive information. It has been estimated that less than 50% of a verbal message is decipherable on the lips. The student gathers much of spoken material from contextual cues, other visual cues and from pure guesswork.

1) Be sure you have the attention of the hearing impaired child before beginning to speak.

2) Use a normal voice without over-enunciating. Shouting distorts the mouth and face, speaking too slowly or exaggerating words will also. (Speaking a little more slowly, without exaggeration, may help the hearing impaired child become used to your speech.

3) Talk facing the hearing impaired child and use brief, complete sentences, not single words.

4) Do not assume the hearing impaired student has understood everything you've explained even if he indicates understanding. Ask him to explain the point you just made to ensure his understanding.

5) If the hearing impaired student does not understand you even after repetition, rephrase the idea. Some words are easier to see than others.

6) Move about as little as possible.

7) Moustaches and beards may hide the mouth and make it impossible to speech read.

8) It is often difficult to follow class discussions. Summarize or repeat points made by classmates.

9) When covering new concepts, explain vocabulary ahead of the lecture; following the lecture, summarize the main ideas and have the hearing impaired student rephrase or repeat them.

10) Repeat PA announcements to the hearing impaired student. Few things are more frustrating than to be told "Never mind, it's not important." (This is also true in general conversations).

D. Classroom Assignments and Tests

Oral assignments and tests are particularly difficult for the hearing impaired child. By looking down to write, he may miss part of what is said next, thus changing the nature of the question. This also holds true for taking notes in class. It is impossible for the hearing impaired student to watch the speaker and write at the same time.

1) Using an overhead projector is a big help. The teacher can face the class all the time, yet still write "on the board." Other uses include putting the questions of an oral test on the overhead with one question revealed at a time; writing the homework answers on it, allowing the hearing impaired student to check his own work as the others do.

2) Have note takers in each class. Use NCR paper or copy the notes. Using two note takers is a good idea, it usually provides more complete notes.

3) Stay on one topic--switching back and forth will confuse and frustrate the hearing impaired student.

4) Use outlines, lists of new vocabulary and summarizations of lesson to help prepare and introduce material to the hearing impaired child.

5) Use visual aids, such as captioned films, pictures, slides, posters, etc.

6) When the lesson begins, introduce the subject and tell what the class will do that day.

7) Write all assignments on the board.

8) If you are using the board, be sure and speak only when facing the hearing impaired student.

E. Safety Hazards

If special devises (i.e., flashing lights) do not exist for emergencies such as fire alarms, special care to adequately alert the student must be made.

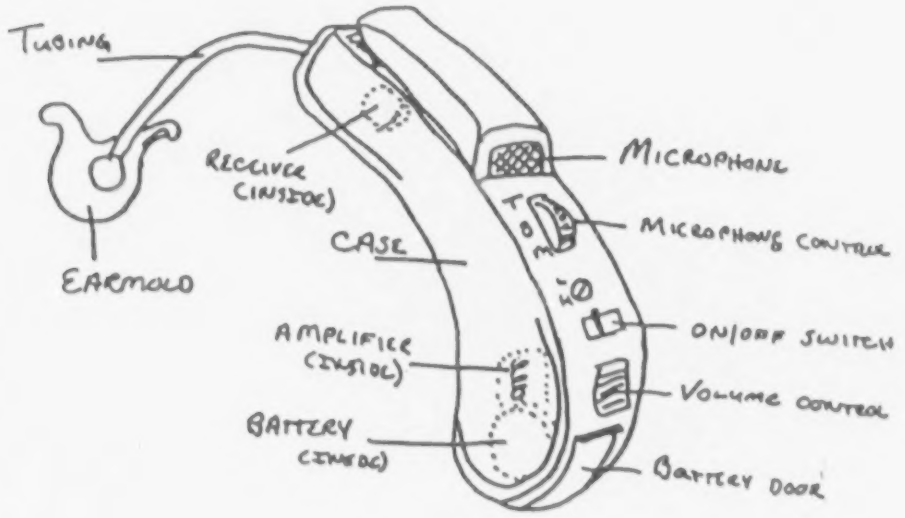
F. Interpreters

If using an interpreter, the interpreter will usually sit next to the hearing impaired student, facing him. Speak to the hearing impaired student. Say, "Chuck, can you answer that?" rather than, "Tim, will you ask Chuck about that?" Remember, you are speaking to the student, not the interpreter.

G. Other Considerations

Feelings and Expectations: The hearing impaired student is a member of your classroom and school. Expect the same kind of behavior and responsibility you would expect from the rest of the class.

Anatomy of a Hearing Aid: *



* Individual Models may differ slightly

Caring for a Hearing Aid:

1. Handle the hearing aid gently.

2. Be sure the earmold is firmly inserted in the ear and the tubing is firmly attached to the mold.

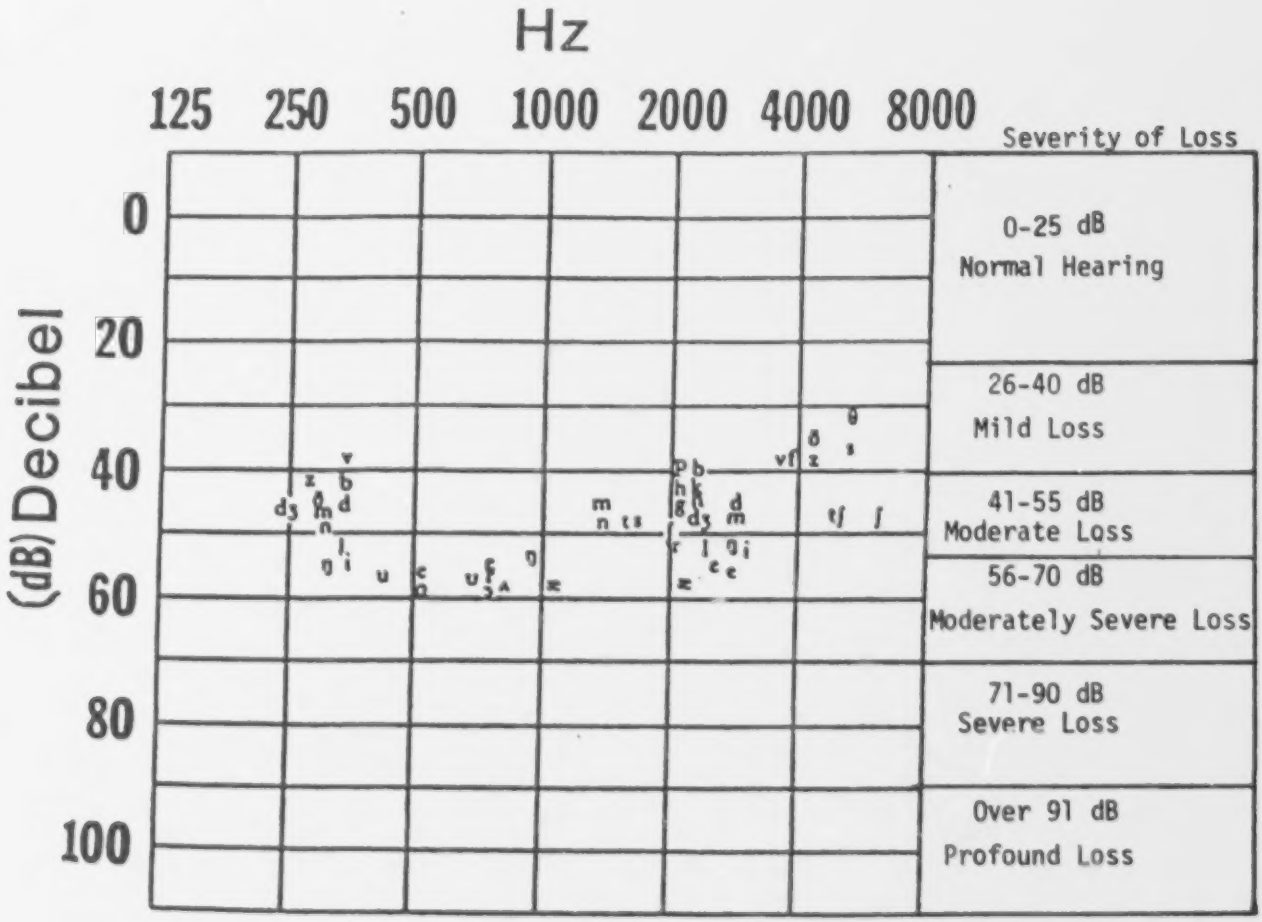
3. Do not allow the child to expose the hearing aid to excessive moisture. If it is raining or snowing, the aid should not be worn outside. If it does get wet, remove the battery at once, and allow hearing aid to dry. If the aid has been exposed to a great deal of water, contact the hearing aid dealer for further instructions.

4. Do not allow the aid to become overheated, (i.e., putting it down in direct sunlight).

5. Do not allow excessive dust to get into the microphone.

6. Hearing aids may be damaged in active play if they are jarred. Have the child remove the aid in these situations.

7. Keep spare batteries in a cool dry place. They should not be kept loose in a box or an envelope as there can be a power drainage if they make contact with each other or anything metallic, such as loose change or



dB: Decibel - The loudness of a sound.

Hz: Hertz - The frequency or pitch of a sound.

Amplification - Hearing Aids

Hearing aids are usually recommended for all hearing losses. There are cases where aids are not appropriate, such as when the loss is medically correctable, when there is no measurable hearing or when the child cannot tolerate the amplified sound without pain.

BASIC TROUBLE-SHOOTING FOR THE HEARING AID

SYMPTOM	POSSIBLE CAUSES	TEST	SOLUTIONS
Hearing aid dead	1. Dead or rundown batteries. 2. Battery reversed in compartment such that + end is where - end should be. 3. Earmold plugged with wax or water (from cleaning). 4. Batteries oozing liquid (resulting in poor battery connections). 5. Telephone circuit has been switched on by mistake.	1. Check batteries with voltmeter or substitute new batteries. 2. Examine the battery. 3. Inspect earmold and blow through it to determine whether passage is open. 4. Examine battery and battery holder for evidence of leakage in the form of liquid or corrosion. 5. Examine switching devise.	1. Replace worn out batteries. 2. Insert batteries correctly. 3. Disconnect earmold from aid, wash in lukewarm soapy water using pipe cleaner to open blocked canal of earmold. Rinse in clear water and dry. 4. Replace batteries before they run down completely. If leakage does occur, remove battery, clean terminals with dampened cloth to remove battery fluid. 5. Select M or microphone input.
Working, but weak:	1. Dead or rundown batteries. 2. Battery reversed in compartment such that + end is where - end should be. 3. Earmold plugged with wax or water (from cleaning). 4. Batteries oozing liquid (resulting in poor battery connections).	1. Check batteries with voltmeter or substitute new batteries. 2. Examine the battery. 3. Inspect earmold and blow through it to determine whether passage is open. 4. Examine battery and battery holder for evidence of leakage in the form of liquid or corrosion.	1. Replace worn out batteries. 2. Insert batteries correctly. 3. Disconnect earmold from aid. wash in lukewarm soapy water using a pipe cleaner to open blocked canal of earmold. Rinse in clear water and dry. 4. Replace batteries before they run down completely. If leakage does occur, remove battery, clean terminals with dampened cloth to remove battery fluid.

SYMPTOM	POSSIBLE CAUSES	TEST	SOLUTIONS
Works intermittently:	1. Dead or rundown batteries. 2. Battery reversed in compartment such that + end is where - end should be. 3. Earmold plugged with wax or water (from cleaning). 4. Batteries oozing liquid (resulting in poor battery connections).	1. Check batteries with voltmeter or substitute new batteries. 2. Examine the battery. 3. Inspect earmold and blow through it to determine whether passage is open. 4. Examine battery and battery holder for evidence of leakage in the form of liquid or corrosion.	1. Replace worn out batteries. 2. Insert batteries correctly. 3. Disconnect earmold from aid. Wash in lukewarm soapy water using a pipe cleaner to open blocked canal of earmold. Rinse in clear water and dry. 4. Replace batteries before they run down completely. If leakage does occur, remove battery, clean terminals with dampened cloth to remove battery fluid.
Feedback or whistles:	1. Punctured or cracked tubing. 2. Earmold not properly inserted in ear. 3. Earmold plugged with wax or water (from cleaning). 4. Receiver close to wall or other sound-reflecting surface.	1. Examine the tubing. 2. Press the earmold firmly into the ear. 3. Inspect earmold and blow through it to determine whether passage is open. 4. Observe student's placement in the room.	1. Replace the tubing. 2. Insert earmold properly. 3. Disconnect earmold from aid. Wash in lukewarm soapy water using a pipe cleaner to open blocked canal of earmold. Rinse in clear water and dry. 4. Avoid sitting with the aided side of the head near a wall or other reflective surface.
Poor tone quality or distortion:	1. Punctured or cracked tubing. 2. Earmold not properly inserted in ear. 3. Earmold plugged with wax or water (from cleaning). 4. Receiver close to wall or other sound-reflecting surface. 5. The microphone opening is clogged	1. Examine the tubing. 2. Press the earmold firmly into the ear. 3. Inspect earmold and blow through it to determine whether passage is open. 4. Observe student's placement in the room. 5. Examine the aid.	1. Replace the tubing. 2. Insert earmold properly. 3. Disconnect earmold from aid. Wash in lukewarm soapy water using a pipe cleaner to open blocked canal of earmold. Rinse in clear water and dry. 4. Avoid sitting with the aided side of the head near a wall or other reflective surface. 5. Clean, using dry cloth.

RESOURCES FOR HEARING IMPAIRED

National

Alexander Graham Bell Association of the Deaf, Inc.
3417 Volta Place, N.W.
Washington, D.C. 20007

Gallaudet College Bookstore
Gallaudet College
Washington, D.C.

International Association of Parents of the Deaf
814 Thayer Avenue
Silver Spring, Maryland 20910

Registry of Interpreters for the Deaf
814 Thayer Avenue
Silver Spring, Maryland 20910

National Association of the Deaf
814 Thayer Avenue
Silver Spring, Maryland 20910

Washington State - Contact your local:

Educational Service District

Department of Social and Health Services

County Health Department

AWARENESS OF VISUAL HANDICAPS

A. Education Checklist of Observable Vision Problems

1. Appearance of the eyes:
   - One eye turns in or out at any time
   - Eyes or lids appear red
   - Eyes tear excessively
   - Encrusted eyelids
   - Frequent styes on lids

2. Complaints heard while doing desk work:
   - Headaches
   - Burning or itching eyes
   - Nausea or dizziness
   - Blurring of print

3. Behavioral Signs of Visual Problems:

   A. Eye movement abilities:
      - Head turns as reads across page
      - Needs to use finger or marker to keep place
      - Short attention span in reading or copying
      - Omits words when reading
      - Orients drawings poorly on page

   B. Eye Teaming Abilities:
      - Complaints of seeing double
      - Squints, closes or covers one eye
      - Tilts head extremely while working at desk
      - Shows gross postural deviations at all desk actiities

   C. Eye-Hand Coordination Abilities:
      - Must feel of things to assist in any interpretation required
      - Eyes not used to "steer" hand movements

   D. Visual Form Perception:
      - Confuses likenesses and minor differences
      - Confuses same word in same sentence
      - Mistakes words with same or similar beginnings

   E. Focus Problems or Near or Farsightedness:
      - Loses interest too quickly
      - Blinks excessively at close tasks
      - Avoids near-centered tasks
      - Complains of discomfort in tasks that demand visual interpretation
      - Closes or covers one eye when reading or doing close work
      - Squints to see objects or writing at distance
      - Rubs eyes during or after short periods of visual activity
      - Fatigues easily, excessive blinking

From Optometric Extension Program Foundation

B. Specific Eye Conditions

Albinism: Albinism involves a lack of pigment in the hair, skin and eyes and may be partial or total. One type of child with albinism may have white hair and eyelashes, pale skin and pale blue eyes. Another type of albinism may be easily overlooked. The child may have light brown hair, darker skin and eyes. Both types suffer from photophobia (extreme sensitivity to light). They frequently close their eyes or squint when the light is too bright. Most children with albinism are also nearsighted, but see well enough to read print at closer than normal distance. Children with albinism usually have nystagmus.

Astigmatism: Blurred vision caused by defective curvature of the refractive surfaces of the eye, as a result of which light rays are not focused sharply on the retina.

Cataracts: A cataract affects the crystalline lens of the eye, directly behind the pupil. This structure is normally transparent, however, with a cataract, there is some cloudiness or opacity in the crystalline lens resulting in a partial or complete loss of vision. Cataracts may be present at birth (congenital cataracts) or caused by trauma to the eye from blows or sharp instruments. If the cataract condition advances to a point in which vision is severely affected, surgery is usually required. The surgery involves partial or total removal of the crystalline lens. The refractive power of the lens is then replaced by glasses or contact lenses. If cataract glasses are worn, their thick lenses and the edges of the frams may block some side vision. Some visual distortion may also be experienced.

Glaucoma: Glaucoma results from increased pressure in the eyeball caused by interference with the circulation of the fluid in the eye. Most cases can be treated with eyedrops or other medication, although surgery is sometimes necessary.

Hyperopia: A condition in which the eyeball is too short from front to back, causing farsightedness.

High Myopia: The myopic or nearsighted eye is egg-shaped rather than the normal shape which is round. It is longer from front to back. This extra length prevents the light rays from being focused accurately on the retina. Some children with high myopia may be partially corrected by glasses or contact lenses which may extend their range of vision to some extent but the visual world is restricted by the heavy lens.

Macular Degeneration: The macula of the eye is the area of sharpest vision and the portion of the eye in which we see detail. Degeneration of the macula results in diminished visual acuity. The effects caused by macular degeneration may be alleviated by the use of low vision aids which spread the image over

the surrounding areas by magnification. Students with this eye condition manage very well except for the reading and writing for which they will need some form of magnification.

Retrolental Fibroplasia: Sometimes referred to as RLF, this disorder is caused by an abnormal growth of white fibrous material which occurs between the retina and the lens of the eye. In 1954, it was found to occur in newborn infants who were given too much oxygen. Since that discovery, the incidence of RLF has diminished although some cases do still occur. Children affected with RLF have little or no vision. There is no known cure.

Nystagmus: Nystagmus is a rapid, involuntary movement of the eyes which is often associated with some other disorder. It is always seen in cases of albinism. Decreased central vision accompanies nystagmus although peripheral vision is usually intact. In most cases, low-vision aids significantly improve the visual acuity of children with nystagmus.

Optic Nerve Atrophy: The optic nerve carries messages from the retinal cells to the visual center of the brain. If these fibers fail to develop or are damaged or destroyed by infections, injuries or tumors, they cannot function and vision is impaired. How much the child will be able to see depends on how many nerve fibers are still intact. Once the optic nerve is dysfunctional, it generally does not repair itself.

Refractive Error: A defect in the eye that prevents light rays from being brought to a single focus exactly on the retina.

Strabismus: Muscle imbalance causing the two eyes to fail to simultaneously direct their gaze on an object.

C. Awareness Activity for Low Vision

Objective: To provide students with awareness of a variety of visual handicaps.

Materials: Make "low vision" glasses (*using inexpensive sunglasses or chemistry goggles, make two to three pairs to simulate each of four types of vision loss).

1. Simulate tunnel vision by taping entire lens leaving a hole in the center. Tape paper or cardboard to the sides of glasses to block peripheral vision.
2. Simulate loss of central vision by placing tape in the center of each lens.
3. Simulate blind spots by placing small pieces of tape throughout the lens.
4. Simulate cataracts by taping gauze over the lenses.

5. Simulate poor visual acuity by:

   a) smearing a thin coat of glue on the lenses and allow to dry,

   b) purchase inexpensive +3 magnifier reading glasses at a drug store.

Procedure: Lead a discussion on the following points:

1. Many people have something wrong with their vision.

2. Most of these people can correct the problem with glasses or contacts.

3. Some people who are not blind have problems with their vision that cannot be corrected; these people are called partially sighted. They can see, just not as well as most people.

Follow the discussion by passing around "low vision" glasses. Make it clear that, even though the vision is poor, it allows for a lot more freedom, especially in mobility. Depending upon the amount of vision the low vision person may or may not need mobility aids. Reading and other small-sized tasks become more difficult. Discuss how lighting affects a low vision person. Give examples like: a person with tunnel vision will be blind in the dark; a person with cataracts will see better in dim light or with the sun or light behind him/her.

For younger grades, share the glasses and discuss the fact that even though the vision is poor, the person is not blind.

Some references:

Sound of Sunshine, Sound of Rain, Florence Heide
Hailstones and Halibut Bones, Mary O'Neill
Which is Biggest?, Which is Smooth?, free of charge from:
Oakmont Visually Handicapped Workshop, 6637 Oakmont Drive,
Santa Rosa, CA 95495

From "A Special Education Introduction for Normally Sighted Students"
by Scheffers, Wendy, M.Ed.

BEST PRACTICES AND COMMON MISCONCEPTIONS -- SOME TEACHING TIPS FOR WORKING WITH A VISUALLY HANDICAPPED STUDENT

Preparing Handouts:

> Avoid using purple dittos.

> Place a sheet of yellow acetate over a ditto to darken the purple print.

> Use a clear black ditto to provide better contrast. (It is possible to run an original through the copy machines to give to the visually handicapped student, that way giving him/her a black print copy.)

> Use a black felt tip pen to make further adaptations.

Taking Notes:

> Notetaking is the visually impaired student's responsibility.

> Encourage the student to use one of the following techniques:

1. Obtain an advance list of assignments or classnotes from the teacher.
2. Ask another student to use carbon paper when writing notes.
3. Tape record lectures to make notes later.

Completing Homework and Assignments:

> It is the responsibility of the visually handicapped student to complete homework and daily assignments. Modifications which may need to be made by the teacher include:

1. Shortening the drills.
2. Allowing additional time for completing assignments.

Testing:

> Some adaptations in testing include:

1. Allowing student to take test orally.
2. Taping the test.
3. Allowing student more time to complete test. (Time and a half is the general rule.)
4. Allow student to answer questions orally, having an aide or student write answers.
5. Allow student to answer questions on to tape.

Organizational Skills:

> Encourage the visually impaired student to arrange books and materials in a manner which can be easily remembered.

> Organize dated papers in a looseleaf notebook according to subject areas using labeled dividers.

> Student should always return materials to the same place after use.

> Encourage time management skills.

Common Misconceptions About Vision:

> Glasses do not always help to correct impaired vision. Some visually handicapped children may be benefited somewhat from correction but still have limited vision.

> Holding a book close to the eyes will not harm vision. Visually impaired children will often do this in order to compensate for the size of print.

> If the television set is functioning properly, sitting close to the set will not harm eyes.

> Sight cannot be conserved. Unless informed otherwise, a child should be encouraged to use remaining vision.

> Dim light will not harm the eyes. As a result of some eye conditions, dim lighting may actually help the child to feel more comfortable.

> Loss of vision in one eye does not reduce vision by 50%.

LIBRARY AND MATERIAL RESOURCES

American Printinghouse for the Blind (APH)
1839 Frankfort Avenue
Louisville, Kentucky 40206

National organization for the production of literature and the manufacture of educational aids for visually handicapped.

APH catalogs are available on request for textbooks in braille, large type, cassette tapes, and disc recordings. Catalogs for braille music, magazines, talking books and educational aids are available. A Central Catalog of all textbooks which have been transcribed into braille, large type and recordings has also been compiled by APH.

Recording for the Blind, Inc. (RFB)
215 East 58th Stret
New York, New York 10022
1-800-221-4792

RFB lends taped educational books to visually and physically handicaped school, college and graduate students.

Washington Regional Library for the Blind and Physically Handicapped
811 Harrison
Seattle, Washington 98129
1-800-542-0866 or 206-464-6930

Provides braille, large print and recorded books. Cassette players, cassette books, talking books and talking book machines as well as some braille and large print titles are available on loan without charge to eligible residents. Books are primarily recreational reading including novels, crafts, cooking, classics, biographies and science.

Special Education Materials Clearinghouse and Depository (SEMCAD)
10020 Gravelly Lake Drive, SW
Tacoma, Washington 98499
1-800-562-4176

Washington State Clearinghouse for APH. Provides educational aids and books available through APH. Will enlarge or transcribe texts not available through other agencies as well as serve as reference source.

Visually impaired students may need one or more of the following materials:

REGULAR/LARGE PRINT STUDENTS	BRAILLE STUDENTS
PAPER	
____ Regular notebook paper	____ *Braille transcription paper
____ Bold line paper	____ *Graph paper
____ Raised line paper	____ * Raised line paper
____ Non-glare paper	
BOOKS	
____ Regular print	____ *Braille books
____ Recorded books	____ Recorded books
____ Cassette	____ Cassette
____ Reel	____ Reel
____ Discs/Records	____ Discs/Records
____ *Large Print	
EQUIPMENT	
____ *Tape Recorder	____ *Tape Recorder
____ Cassette	____ Cassette
____ Reel-to-Reel	____ Reel-to-Reel
____ Typewriter (large or regular type	____ Typewriter
____ *Adjustable top desk; desk top easel or book stand	____ *Braillewriter (6-key machine that types braille)
____ Magnification devices	____ *Slate and Stylus (for writing braille
____ Lamps	____ *Abacus
____ Closed circuit T.V. system (enlarges standard print)	____ *Braille rulers
	____ *Braille erasers
	____ *Talking calculator (calculator with audio output)
	____ *Speech compressor
OTHER	
____ *Large print maps	____ Braille labeler
____ *Relief models	____ *Swail dot inverter (for making raised line drawings)
____ Raised line drawing kit	____ Raised line drawing kit
____ Black felt tip pens	____ *Braille maps and globes
____ Large, soft lead pencils	____ *Relief models
____ Yellow acetate (place over purple dittos to increase contrast)	____ Optacon (electronic device that enables blind person to read print)
____ *Writing guides (helps person write on line)	____ Raised print and braille clocks
____ Large print dictionary	____ *Writing guides (helps person write on lines
____ World Book Encyclopedia on cassette	____ World Book Enclyclopedia on cassette

Contact the local special education administrator or Ohio Resource Center for Low Incidence and Severely Handicapped at address and phone number below for information on sources of these materials.

*Items available on loan from:
OHIO RESOURCE CENTER FOR LOW INCIDENCE AND SEVERELY HANDICAPPED
470 Glenmont Avenue, Columbus, Ohio 43214 (Telephone 614-262-6131)

SPECIAL EQUIPMENT

The visually impaired student may need special equipment in the classroom. This equipment may include:

Abacus
Abacus is a tool used to execute mathematical computations.

Acetate
Preferrably yellow, placed over printed page, darkens print and heightens background contrast.

Bold Line Paper
Bold line paper is available in various forms. It is used by students who find it difficult to see lines on regular paper.

Bookstands
Bookstands are useful for students who need their material elevated, closer, and/or angled.

Braillewriter
A braillewriter is a six-key machine which types braille. The braillewriter is manually operated by the student.

Closed Circuit Television
The closed circuit television enlarges printed materials onto a television screen.

Felt Tip Pens
Preferably black, allows child to more clearly see their printed work.

Optacon
The Optacon is a device which transforms print into vibrating letter configurations that are read actually. The Optacon gives the student access to printed reading material.

Raised Line Paper
Raised line paper is available in various forms such as writing paper and graph paper. This paper allows the student to learn to write on the line.

Slate and Stylus
The slate and stylus is an aid used to produce braille. The slate is a metal frame with openings through which braille dots are punched with the aid of a pointed stylus. The slate and stylus is convenient for the student because it can be carried in the pocket or purse.

Tactile Maps and Globes

Relief maps can be utilized by the visually impaired student to learn geography.

Talking Book Players

The Talking Book Program is a free service provided by the library of Congress. Students may borrow a variety of leisure books and magazines recorded on tape and records.

Tape Recorders

Students may use tape recorders to listen to textbooks, supplementary materials, and take notes.

Writing Guides

Writing guides are rectangular forms with an open space. The student learns to write staying within the boundaries of the open space.

LOW VISION AIDS

Low vision aids can be beneficial to students with limited vision. Classroom work and mobility may be enhanced by the use of optical aids. These aids may supplement glasses and/or contact lenses. Examples include:

Glasses with Special Prescriptions (prescribed by the ophthalmologist or optometrist)

Bifocals, prisms, and contact lens combinations may be prescribed. Tinted lenses are used with the light sensitive child.

Magnifiers

Magnifiers increase the size of the image reaching the eye. At the same time, the visual field is reduced and can hinder the child learning to read. Magnifiers may be lighted or unlighted, hand-held or in a frame. Magnifiers may also be electronic, such as closed circuit television.

Telescopic Aids

Telescopic aids are useful for viewing the chalkboard, television, class demonstrations, films and house numbers. These small telescopes may be hand held or placed in frames for glasses.

Low vision aids should be prescribed by an eye care specialist. Contact an optometrist, ophthalmologist, or the county health department about a low vision examination.

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CONSULTATION: OCCUPATIONAL AND PHYSICAL THERAPISTS

WORKING WITH THE CLASSROOM TEACHER

INTRODUCTION

Physical and occupational therapists are relatively new to schools especially within the regular and special education classroom. This section of the manual defines and clarifies the emerging role of the Occupational Therapist/Physical Therapist in the public school system. It also reviews some of the services available and relates the significance of these services to the school setting. The remaining portion of this section gives the classroom teacher and other school personnel material modifications/adaptations and suggestions and guidelines to assist in therapy programming for handicapped students.

Traditionally, Occupational Therapist/Physical Therapist have been direct service providers within each of their respective professions. In recent years, school Occupational Therapist/Physical Therapist roles have somewhat "blurred" in that some therapists, from both professions, work in similar areas depending on their interests and post graduate training. Not all Occupational/Physical Therapists have acquired competencies in every area of service. They have varying degrees of knowledge and expertise, and as such, school personnel need to be sensitive to and recognize the professional limitations and boundaries of each of their individual therapists.

The consultative model is a needed role in the current phases of occupational and physical therapy in order to ensure that services meet the special needs of the students within the school setting. This model is only one type of service delivery option and is not an "all or one concept." With some students, only a portion of their program can be implemented within the classroom setting. Other students may only need to be monitored and have their total program within the classroom and or physical education setting. The optimum goal is to provide a service model that maximizes resources for students so they can attain maximum performance within the educational setting.

The following summarizes several areas of service delivery provided by occupational and physical therapists in the public school system.

Occupational Therapy

1. Activities of Daily Living (self-care skills). Teachers have traditionally incorporated self-care skills as part of their students educational programs. Occupational Therapists can offer additional suggestions for specific self-care programs including dressing, feeding, toileting, and grooming. Clothes can be modified in ways to assist dressing. Therapists may offer adaptations such as larger buttons and button holes, special attachment for zippers, shoes, and snaps. The occupational therapist can advise teachers on various feeding techniques in order to facilitate independence. They can instruct teachers in ways to encourage students to acquire more normal movements, patterns in chewing, sucking, and swallowing difficulties.

2. Fine Motor Development and Skills
   The Occupational Therapist can explain to the teacher why trunk control and proximal stability are important for classroom fine motor activities. Classroom teachers can then reinforce correct developmental fine motor skills and progression which are introduced initially by the therapist.

3. Voluntary Grasp and Release Patterns. The occupational therapist can explain to the classroom teacher the importance of the sequence of events leading developmental reflexive grasp to aprehension, dexterity and manipulation. A student must voluntarily control both grasp and release with both the right and left hands in order to accomplish the refined grasp patterns which are prerequisite for academic paper/pencil activities.

4. Ocular-Motor Control. The occupational therapist can assess clinical ocular-motor and visual tracking difficulties and explain to the classroom teacher how reading, chalkboard writing and other school related activities could possibly be difficult for these students.

5. Prevocational Readiness Skills. The occupational therapist can aid the classroom teacher in the prerequisite skills needed for learning vocational skills. Frequently, the Occupational Terapist can assist in making "jigs" or adaptive equipment which will assist individual students in "compensating" for their disabilities while learning vocational tasks. The Occupational Therapist can aid the multidisciplinary team in discussing the type of job which would be most appropriate for these students.

6. Sensory-Motor Integration. The Occupational Therapist can consult with the classroom teacher on developmental perceptual-motor skills which lead to reading, writing, conceptualizing and creative thinking. Sensory-motor integration assists both the mildly and severely involved students in becoming more receptive and capable towards academic learning.

7. Adaptive Equipment. Positioning chairs, modified feeding utensils, adapted pencils can assist the students in ensuring the most effective environment for learning. Also, proper therapeutic positioning with adapted school equipment will provide these students with optimum comfort and minimize fatigue during the educational day. Recently, many Occupational Therapists are exploring computers and/or communication boards for the multiple handicapped student.

Consultative services from the physical therapist are available in the following areas.

Physical Therapists

1. Physical Therapists evaluate neurologically and orthopedically handicapped students. Within any classroom, gross motor development and skills are an important part of normal maturation, self-image, safety, efficiency, and functional mobility. Severely involved handicapped students depend on physical therapists to learn essential mobility skills. Static functional skills may include therapeutic positioning, crawling, rolling, and ambulation. Classroom teachers can assist in reinforcing these more normal movement patterns with the students in their classroom under the supervision of their physical therapist.

2. Proper Lifting and Handling Techniques. With nonambulatory students, it is mandatory that the classroom teacher and other school personnel learn proper body mechanics so as to protect themselves from injuries. Physically involved handicapped students need specific lifting and carrying techniques in order to insure safety as well as providing carryover of the therapy program throughout the day.

3. Adaptive Physical Education. The student who is not coordinated and has gross motor developmental delays which are commensurate with their mental age do not usually qualify for direct physical therapy. These students need adaptive P.E. type programs to meet their unique needs rather than physical therapy. Activities can be jointly and easily incorporated into the student's physical education program if an adaptive P.E. specialist is not available. The student in a wheelchair also needs adaptive physical education and the physical therapist can assist the P.E. teacher in appropriate activities that facilitate independence and peer group acceptance. Neurologically involved children can benefit from a daily range of motion exercise program which can be designed and supervised by the physical therapist. Special Olympics and other recreational sports activities are particularly important for older students and can be planned jointly by the classroom teacher, P. E. teacher and physical therapist.

4. Therapeutic Positioning. Physical therapists can consult with the classroom teacher regarding proper gross motor positioning in the classroom. Also, the physical therapist can provide helpful information on the student's fatigue and endurance factors and the importance of frequent adjustments of body positions.

5. Therapeutic Exercise. Students who have musculoskeletal or neurological impairments have potential for range of motion limitations, poor muscle strength and muscle imbalances. The physical therapist can design, monitor, and supervise the daily exercise program as needed and upgrade it as tolerated by the student.

6. Gross motor skill development and coordination. Gross motor skill development is one of the traditional distinctions between occupational therapists and physical therapists. The physical therapist is concerned with postural modifications, head and trunk control as it relates to academics. Within regular special education, motor development is an extremely important part of normal maturation.

COMMON AREAS OF CONSULTATION IN THE SCHOOL SETTING

1. IEP development including annual goals and quarterly objectives.
2. Formal and informal inservices on normal gross and fine motor developmental milestones and educational significance.
3. Interpretation of rules and regulations especially in the areas of preschool.
4. Referrals to appropriate medical personnel.
5. Consulting with team members and other school personnel.
6. Adaptive/modifications in curriculum.
7. Home programs and contact with parents.
8. Utilizing community resources.
9. Student and parent advocates.
10. Liaison between medical and educational facilities and personnel.
11. Architectural Barriors. At a school site, an OT or PT can assist with environmental modification in order to accommodate a wheelchair or other student that lacks independent ambulation. In toileting the OT or PT can provide advice on type and size of toilets, stability of railings and other potential levels of independence.

STRENGTHS AND WEAKNESSES OF CONSULTATION MODEL

> Programming has total involvement of educational staff.

> Knowledge and influence OT/PT will be broadened through contacts with teachers, principals, administrators.

> Overall consistent program delivery for the student.

> Increases the teacher's knowledge of fine and gross motor development, areas of deficits, types of programming.

> Relevant application to other students with similar needs.

> Aids teacher in maintaining current information on present levels of functioning in the areas of OT/PT.

> Time

> Possibly lacking in deep personal gratification offered by direct service model.

> Difficulties in changing perception of our roles.

> Therapist feelings of having inadequate amount of knowledge/skill.

> Clarity of roles; already confusing to school personnel.

> Difficulties in getting teachers to follow or adopt programs.

SOME TEACHING TIPS - SPECIFIC CONDITIONS

Positioning Tips While Working With Physically Handicapped Students: Be sure and consult with your physical therapist and/or occupational therapist on the correct types of positioning which you use with any students in your classroom.

Types of Positioning

FUNCTIONAL: A position which gives the child the necessary support to accomplish desired tasks. For example, eye-hand activities, manipulate toys, feeding, painting, coloring, etc.

PREVENTIVE: Placing a child in a position such that abnormal reflexes and muscle imbalances do not dominate his/her posture. This way the child is able to experience more normal muscle balance and tone with movement.

CORRECTIVE: Supports a child so as to prevent or impede the progress of deformities for which the child is at risk. For example: trunk support to prevent or maintain a curvature of the spine, a wedge to keep the legs apart so they don't dislocate a hip, face-lying to prevent hip contractures, etc.

Positioning the Physically Handicapped Child

1. Positioning should be for short periods of time (i.e., 15-45 minutes) AND should be alternated. The objectives of positioning are:

> to provide the child with opportunities to practice head control and sitting balance.
> to relieve pressure over bony areas.
> to allow the child to rest.
> to prevent contractures.
> to control muscle tone.
> to correct deformities.
> to get weight bearing through legs and arms.

2. Make sure the child is safe if you need to leave him.

3. Make sure the child is ready for the position before you put him in it and leave him. Tell him what you are doing and what he is expected to do.

4. Change a child's position gently and use proper therapeutic handling techniques.

5. Know the reason why a child needs a certain position, then you will know when to change the position and when a position has problems with it for a particular child.

6. Be sure the child is comfortable and feels secure.

7. Allow the child to use as many skills as he has for as long as he can without becoming tired, frustrated, or tense. Give him opportunities to practice sitting balance, etc. instead of always giving a lot of support.

8. Remember that for fine motor activities and for speech and feeding many children will require additional support of their head and trunk.

BENEFITS OF SPECIFIC POSITIONS

Note: Be sure to consult with your physical therapist and/or occupational therapist on the appropriateness of these specific positions.

SUPINE: (On a child's back)
1. Allows child to watch moving objects above his head. (Limits visual development if this is the only position used as this is not a normal way of viewing the world.)
2. The first position a child uses to practice reading.
3. Gives a child the most support of trunk and neck muscles, requiring the least use of them.

PRONE: (On a child's stomach)
1. Develops visual control in a position where eyes are horizontal to base of support.
2. Allows child to practice holding up his head.
3. Develops stability (holding action) in shoulder area when the child raises up onto his elbows.
4. Position in which forward scooting develops.

SIDELYING:

1. Brings hands together and legs together in children where this may be a problem.
2. Brings head to midline.
3. May be the only position in which some children can see their hands.
4. Helps prevent or reduce flaring of ribs.
5. Encourages rolling over.
6. Eliminates influences of most abnormal reflexes. (Not a normal way of viewing the world. May be uncomfortable for some children, but benefits merit using it as an alternate position, especially for sleep.)

HANDS AND KNEES:

1. Precursor to crawling.
2. Strengthens muscles which stabilize shoulders and hips. Stability at these joints is necessary for more coordinated, advanced motor skills.
3. Strengthens neck, back and stomach muscles.
4. May provide some children with stability who otherwise have difficulty with extra movements.

SITTING:

1. Most functional position for eating, playing, fine motor activities because it can provide support to the trunk while leaving the hands free. This is also a normal way to view the world using our eyes.
2. Restful position - best for long term activities.
3. Allows for practice in head and trunk control, provides partial weight bearing in legs.
4. Gives opportunity for weight shifting, a precursor to balance.
5. Different ways to sit: Long leg - lengthens hamstrings.
   Tailor - gives wide base of support.
   Side sitting - allows for rotation of trunk and weight bearing on one arm.
   Chair sitting - most normal and functional.

KNEELING:

1. May be used as an intermediate step before standing with some children when standing is too difficult.
2. Assists developing back and neck extension.
3. May be helpful in breaking up patterns in some children of total flexion and total extension in their legs. (Legs either stiffly straight at the hips and knees or bent at hips and knees.) Kneeling has the hips straight and the knees bent.
4. Needed to be able to stand up independently from the floor.

STANDING:

1. Develops hip sockets and strengthens the muscles around the hip joints which provide stability.
2. Assists developing back and neck extension as well as requiring maximum head and trunk control.
3. Precursor to walking.
4. Lengthens leg muscles (hamstrings, achilles tendon).

GENERAL SUGGESTIONS FOR MILDLY HANDICAPPED STUDENTS

Activities to Improve Perceptual Motor Skills:

Body Coordination: skipping, jumping rope.
Eye/hand Coordination: tying shoes, buttoning.
Relationships of Objects in Space: puzzles; building with blocks
Body Scheme: Simon Says, Angeles; Ausnow
Bilateral Arm Movements: volley ball; jumping jacks

Suggestions for Adapting and Altering Materials for the Mildly Handicapped:

1. Preferential sitting: Some students with learning disabilities have difficulty understanding verbal directions. They frequently have problems with attending to relevant information. Repositioning them in the classroom or using dividers may optimize the student's potential for learning.

2. Clarify written directions: Directions on worksheets are often written in paragraph form, frequently specifying several tasks which can be overwhelming. Teacher could underline each direction with a different color to alert and assist the student in following the sequence of directions.

3. Camouflage materials: If students enjoy reading lower grade level books but are sensitive about others responding negatively a book, disguise could discourage peer or sibling teasing. Make colorful jackets. Provide carriers such as large brown business envelops.

4. Present work in small amounts: Tear pages from workbooks, hardbacked and softbacked books and present them in small increments.

5. Invent a workbook: For a student who performs better when worksheets are presented one at a time rather than within a workbook, either: a) remove all the workbook pages and place only daily worksheets in the empty workbook; or b) tear out workbook pages and give the papers to the student on a daily basis.

6. Reuse printed materials: If the supply of workbooks or worksheets is limited, the materials can be preserved and used repeatedly if clear acetate is placed over the worksheets. The student can use a water base felt pen or crayon to make the necessary responses.

7. Locate the pages easily: If the student is proceeding sequentially in a workbook diagonally cut the lower right hand corners of pages after they have been completed.

8. Block out print: If a student is distracted easily by working on a full worksheet, provide various sizes of oaktag so that the student can cover portions of the page not being worked on. Students also can use pieces of oaktag as line markers for reading.

9. Secure materials to desk with masking tape.

10. Have students repeat directions: Frequently students are confused by or omit portions of verbal directions. Teachers can ascertain if a student has comprehended a direction by asking the student to repeat it.

11. Change response mode: If a student has handwriting difficulties, provide multiple choice responses to questions. Students can mark, underline, or circle.

12. Change the amount of work: If a student has a work page containing numerous practice items such as a long series of sentences requiring the correct use of was reduce the numbers of required items.

13. Highlight materials: Drab worksheets can be made more visually attractive by backing them with construction paper or wallpaper.

14. Relocate student materials: The presence of a variety of educational materials, workbooks, pencils and books in a student's desk sometimes can be overwhelming and threatening. To relieve this stressful situation, materials can be placed in containers located in other parts of the room, such as in and out trays; the student can take only those materials needed for that assignment and return them when finished.

15. Tape directions to desk Some students with visual tracking have difficulties reading directions on the board and difficulties transferring the information to the paper.

16. Provide multisensory approach: Some students need additional tactile, auditory and/or visual cueing. Have the student handle objects before he works with them and identify their characteristics by focusing on the qualities of objects. The student may be able to get meaningful information through touch. Have the student trace letters of yarn or chalk letters on the blackboard. This will help him get more tactile input related to printing and writing.

17. Give simple instructions and use small step sequential progressions for fine motor tasks.

18. Have the student say what he will do before he does it. This helps develop awareness as he begins to connect actions with intentions. This will improve his motor planning ability.

SUMMARY

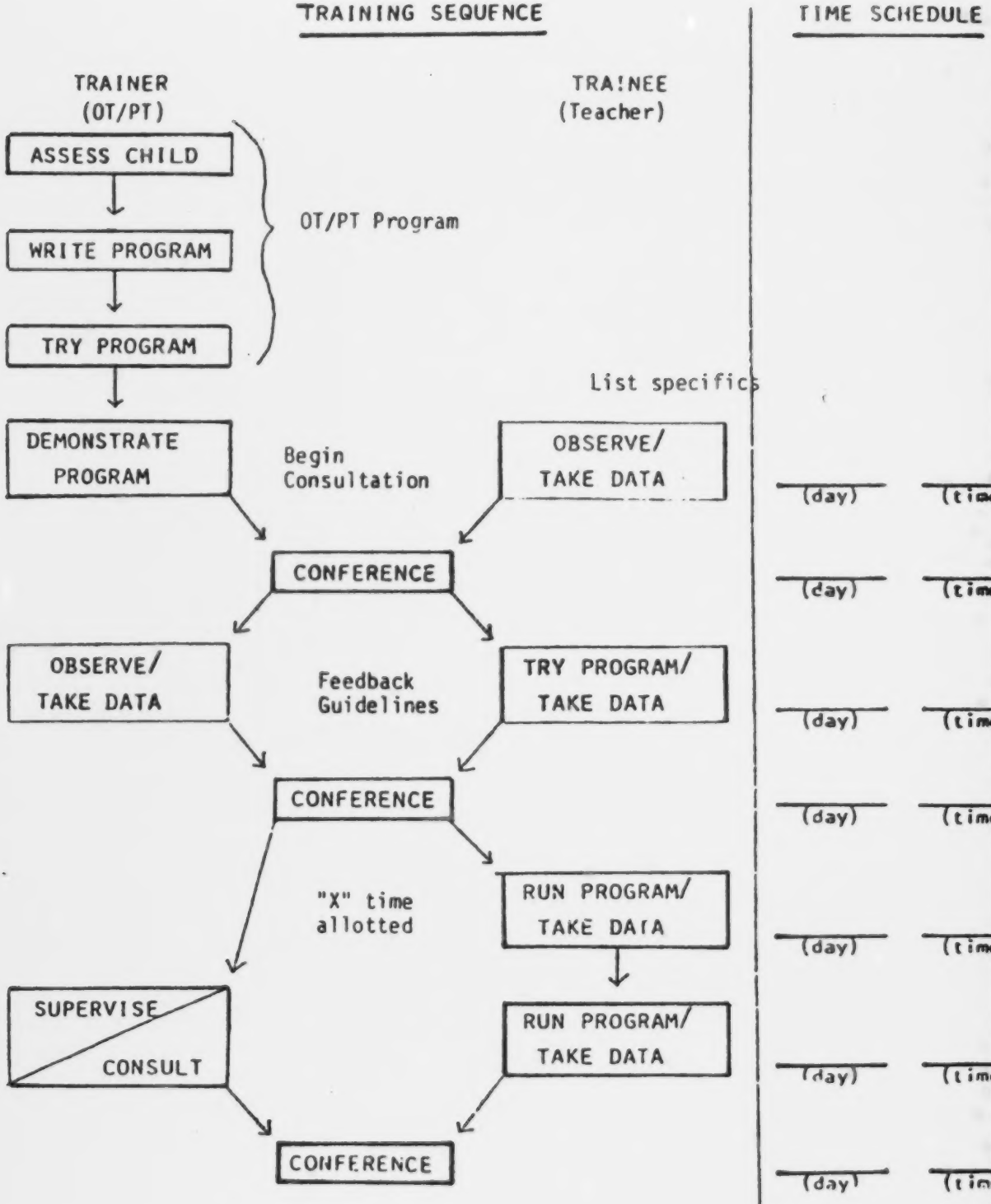
Successful consultation is a shared responsibiilty among the classroom teacher, school personnel, occupational therapist/physical therapist, and parents. Written communication is essential. Many methods of tracking may be used. The choice of method depends very much upon the needs of the situation and skills of the classroom teacher and occupational or physical therapist. An example of a flow chart outlining a training model and sequence, Tracking Student Progress Data Sheet, Sample Lesson Plan, an occupationa/physical Consultation forms are provided on the following pages.

NO.	TASK/ACTIVITY	BEGIN	COMPLETE	RESPONSIBILITY	BUDGET

Center for Inservice Training and Program Development
S. Soltman/4.79

A TRAINING MODEL

Working With the Classroom Teacher



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Teacher/OT/PT Program Plan

Educational Objective	Adaptive P.E. Class, 30 Minutes, Gross Motor Skill Objective	Time	Activity	Required Materials/Equipment	Management Strategies
1. Student will increase total body coordination skills.	1. Students will increase their static and dynamic balancing skills. 2. Students will sequence more accurately motor planning skills. 3. Students will become more aware of body awareness and kinesthesic concepts. 4. Students will increase their spatial relations orientation and figure ground concepts. 5. Students will follow at least 3-4 simple verbal directional commands. 6. Students increase concepts of body part and directionality.	10 min.	Static Balance 1. Assumes hand and knees position and is asked to lift and hold up a combination of his arms and legs. 2. Standing 1 foot, eyes open and closed, hands to side Dynamic Balance 1. Balance board 2. Balance beam walk forward, backwards, sideways. 3. Simple kick ball with 1 base.	Balance beam Standard and Board Kickball 9" Placstic 1 base Masking Tape Large Gymn	1. Students will rotate through activities. 2. Teacher will intervene if necessary for time out. 3. Interact with each student. 4. Use buzzer or whistle for attention or direction from teacher. 5. Students will be in a group of 3 at separate stations in gym.

INTERDISCIPLINARY TEAM LESSON PLANNING FORM

Objectives: Educational Articulation Language OT/PT	Setting: Large Group Small Group One-to-One Independent	Time: Duration	Activity	Materials Required:	Management Strategies:	Special Considerations:

Occupational/Physical Therapy Consultation

Student's Name _____ Age _____ School _____

Referred by _____ Title _____ Date _____

General description of disability _____

Questions/concerns to be addressed (Please number)

Responses to questions/concerns

Name of Specialist _____ Title _____ Date _____

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SOCIAL WORK CONSULTING: A GUIDE FOR TEACHERS

INTRODUCTION

One of the purposes of social work services at ESD 101 is to implement the home/school liaison within the school districts of Eastern Washington. A positive impact of this has been seen over recent years and has been enhanced by outreach to parents by means of the home visit.

Consultation within the home and school setting offers a unique opportunity to coordinate numerous community resources in an effort to develop more effective programs for students. In addition, the heightened awareness in schools and families regarding community resources increases cohesiveness and benefits the home, school and community at large.

This section explores areas of school social work and job related functions. Outlines and helpful descriptions of effective communication in various situations are presented.

OVERVIEW OF SCHOOL SOCIAL WORK FUNCTIONS

1. Direct Service with Students and their Families: individual/group counseling with students; family counseling; home visits; working with child's living situation.

2. Assessment: participation in identification and assessment of students needing specific educational/social services; participation in the multidisciplinary team process; providing resource information to the team and school personnel; development of IEP.

3. Direction Service Referral: mobilize school and community resources to enable the students to receive maximum benefit from the educational system; provide effective linkage between school and community resources to meet special educational, social and other needs of student; provide technical assistance to school district in locating and obtaining needed support services.

4. Crisis Intervention: collaborate with community for crisis intervention services (CPS, Mental Health) for problems such as family violence, runaway, drugs, suicide; reduce tension and find alternatives for action; provide services when standard procedures break down.

5. Preventative: positive outreach to students and parents to facilitate constructive use of educational opportunities; help students identify life goals, facilitate use of full range of social, educational, and recreational services in the community.

6. Consultative Services: consultation with teachers directed toward the basic needs of children; improvement of classroom management; techniques to deal with disruptive or withdrawn behavior, classroom relationships, conflicting values, ways to maximize the student's potential.

SCHOOL CONSULTATION

School Social Workers need to have generalist skills that enable them to consult with individuals, families and agencies/ institutions. Consulting requires knowledge of personality dynamics and interviewing techniques, individual and social needs and social resources (Encyclopedia of Social Work, 1977).

In brief, there are five general areas of consulting in the schools. Some combination of each will be involved in most consultation efforts.

1. Identification of children in need.
2. Extending service to pupils.
3. Work with school personnel.
4. Work with parents.
5. Community services.

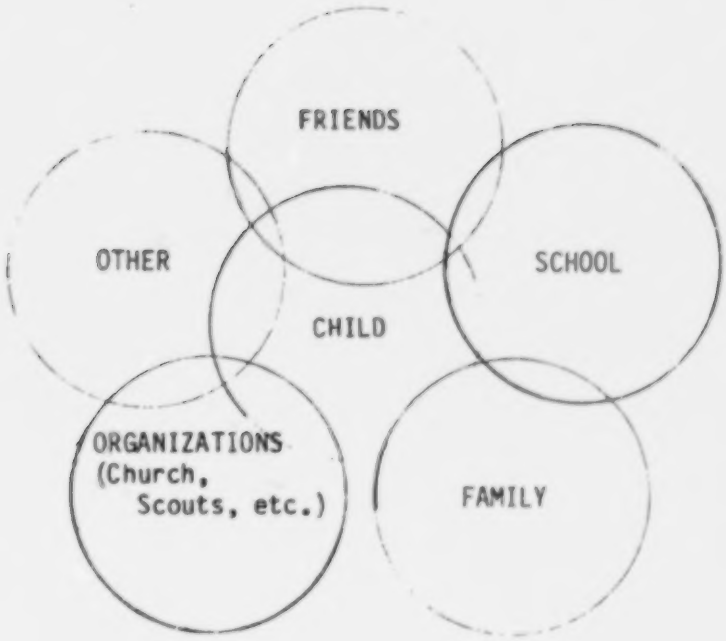
(Encyclopedia of Social Work, 1977)

SCHOOL, HOME AND COMMUNITY INVOLVEMENT

Referrals

A. Who should be involved?
It is imperative that not only the referring person(s) be involved in the process, but also appropriate key administrators within the school building (i.e., principal, superintendent). These individuals need to be aware of the referral from the onset, as well as the concerns and direction suggested by the social worker. The principal is a critical element and can help ensure success or failure, depending upon levels of support.

Another system involved in consultation is the family. Significant systems which impact the child and situation must be made a part of the intended change effort. While the school does influence a child, less than 1/4 of his/her actual day is spent in the classroom. Friends, families and organizations also have a tremendous impact on the child.



As can be seen, a number of social systems affect the child. It is the job of the school to include all relevant systems into the process of effecting change when a child's needs are not being met.

B. Community Resources

It is helpful to have knowledge of and working relationships established with local community resources, as well as with state, regional, and federal services. The school itself has many valuable resources--teachers, counselors, secretaries, administrators, and nurses to name a few. Other community resources may include juvenile authorities, police, local church officials, physicians, dentists, other health providers, and mental health agencies. These are all useful resources for school age children and their families.

C. Is Family Involvement Necessary?

If there is no carry-over from school into other parts of the child's life, chances of successful intervention are decreased. A problem at school may also be affecting the child at home and vice versa. Once again, a home contact is encouraged to help facilitate the communication between home and school.

In addition to a home contact, family/school meeting may be set up. This would allow both family and school to share concerns. Knowing of the mutual concern and support shared by both systems may help in gaining a commitment from the family and school.

HOME VISITS

A. Are Home Visits Necessary?

The importance of home visits cannot be over emphasized. Meeting parents on their "own ground" in the familiarity of their own environment enhances the commitment of the school to problem-solving.

Families often feel anxious when contacted by the school. Usually a contact is made only when the child is hurt or in trouble. Therefore, the family has been negatively reinforced to fear school contact.

Parents may feel threatened when asked to come to school. For a family to come to a school building or office puts them in the "other domain". By allowing them to remain in a comfortable setting (their home), direct observations may be made and strengths of the family emphasized.

The home visit shows the family that the school is willing to compromise. It allows the family to see an immediate effort and desire by the school to be supportive and helpful. In addition, it shows that the school representative is not afraid to take a risk on the family's terms. This may very well result in increased cooperation from the family. (Moynihan, 1974).

B. Steps in Home Visit Consultation:

The initial contact is crucial. It is important to be nonjudgemental, sympathetic, empathetic, and perhaps the most supportive of all roles--to be able to listen carefully. (Lillie and Trohams, 1976). It is important to remember there is a common ground for both family and school--the child. Find out what areas the family sees as problem issues and focus on them. If the school has other concerns, slowly integrate those issues into the discussion.

For intervention methods to be successful, the involvement of the family is imperative. Listed below are a few ways to gain their support.

1. Modeling - The school representative may show the parent how to utilize a specific technique or skill. By doing this in the home the family can rapidly generalize it to all natural environments.

2. Cooperation - Depending upon how committed/involved the family wants to be, the teacher may suggest the opportunity for the family to talk with appropriate school personnel.

3. Written guidelines - It is often helpful to leave the family with a written summary of the discussion. They may then refer back to specific questions and areas of concern.

4. Charting - Using a chart to collect data or establish a baseline of targeted activities may be useful to the family. Once again, this helps them to organize and be a part of the process.

5. Carry-over - Share the home program with the school. Implement appropriate strategies at school. Allow the parent(s) to feel they are showing the school how to deal effectively with their child.

Allow for follow-up with the family. Some possible ways are phone calls, notes, regularly scheduled meetings or home visits. This may be done by the teacher, principal, or a school representative. 1) Set short term goals with the family. Use the "ladder approach" - step-by-step, for them to achieve their long-range goal. 2) Show the parent(s) exactly what you see as successful interventions--what needs to be done and how to do it. 3) Have the family practice the suggestions made and see if they feel comfortable with them. Modify and change areas they don't like. The parent must feel comfortable with the intervention or they won't follow through. 4) Give parental support through reinforcement. Help them to individualize each skill to each child and also to generalize techniques to various areas of their life.

Above all, involve the parent in the planning. They must feel a part of the process or there will be no commitment from them.

C. Problem Areas in Intervention:
(Lillie and Trohams, 1976)

1. Overwhelming the family with advise. Don't lecture or flood them with information.

2. Conflicting advise or suggestions. If the family receives different suggestions from various sources, encouraging them to utilize all techniques. This way, they can find what is successful and comfortable for them. Clearly explain, there is no right or wrong way; however, there are better ways.

3. Dwelling on failures. The family may feel hesitant to be involved because of apparent carelessness/irresponsibleness on their part during child-rearing years. Be supportive--help them move along the spectrum from "good parents" to "better or responsible parents".

4. Forcing decisions or choices. Be careful not to usurp or undermine the family's right to make decisions. Share all information with them and work with their decisions. Regardless of direction, help them to be successful in aiding the child.

D. Contracting:
By listening to the family's emotional and personal needs, a positive relationship may be built. Consistently refocus the discussions to the issues of "what are we doing", and "where are we going".

1. Seek and develop all alternatives - then decide appropriateness of each.

2. Discuss and develop the implementation of alternative interventions.

3. Follow through.

E. The Home Visit: From Beginning to End:
1. Preparation:
   a) Name
   b) File Review
   c) Clarification of Referral

2. Initial Contact:
   a) Phone
      1) Call early (8:00 - 9:00 a.m.)
      2) State name, school, reason for call
      3) Set up home visit

   b) Face-to-face (if no phone)
      1) Go late morning (10:30 - 11:00 a.m.)
      2) Introduce self
      3) Set up home visit

   c) Dealing with Resistance
      1) Reflect feelings
      2) Support
      3) Be flexible

Letters are not effective tools for initial contact. They may be used as reminders. Stress positive aspects of child.

Home - outside
   a) Assessment of physical environment:
      Signs of depression: closed curtains or blinds, debris in yard or porch, or being overwhelmed.

Home - inside
Use judgement as to whether groundwork needs to be laid prior to presenting problem. Be specific, brief, to the point.

   a) Initial contact:
      Positive comment about child, home, etc.
      Be hospitable, friendly, courteous

   b) Interactions (ice-breakers)
      Relate to children, pets
      Interest in their lives
      Be positive
      Explain your job and reason for home visit

F. Problem Areas:
Assuming:
   Believing you understand from inferences or hints. Check out assumptions and redirect questions, ask for further clarification or explanation.

Threats, Attacks:
   Telling family they had better carry out a specific course of action. Don't put yourself in a place of authority. Be the mediator/ liaison between school and home.

G. Self-Awareness:
   Be confident, polite, listen.

H. Ending a Home Visit:

1) Leave time for further discussion once you begin towards door. Many subjects come up as it is the persons' final chance for contact at this time.

2) Summarize - Short statements summarizing discussions, goals, and solutions.

3) Clarify - Ask questions of unclear parts (i.e., who has responsibilities, purpose of meeting, where one can be reached).

4) Write down thoughts; leave written summary; leave name, number.

I. Home Work:

If possible, develop tasks or programs for the family to be involved in. This will help give them ownership and develop a supportive role to home/school programming.

THE FAMILY: ADVERSARY OR ALLY?

Having educators and parents work cooperatively is of the utmost importance. Unfortunately, previous negative experiences can affect the interactions of involved individuals. Listed below are basic "assumptions" that both educator and parents make towards each other. Keep in mind that while some stereotypes may appear to describe a situation or individual, making assumptions and categorizing are counter productive in facilitating effective communication.

Assumptions of Educators About Working with Parents and Students:

1. They are not willing to use home resources to work systematically with their child.

2. They have unrealistic expectations/do not know what is best for their child.

3. They do not know how to effectively teach their child.

4. Parents need educators to help them solve their problems.

5. Decisions about what and how studnts need to be taught can be made without considering family needs, preferences, and style.

6. The needs of the individuals ought to supercede the needs of individual family member or of the family unit.

Assumptions of Parents about Educators:

1. Educators do not have the resources to meet the needs of these students.

2. Educators are not committed to meeting the multiplicity and intensity of the needs.

3. Educators do not recognize the family's commitment to and skills with the student.

4. Educators do not want parents involved in the major decisions related to the child's educational program.

5. Educators do not appreciate the unique personality characteristics and strengths of individual students.

6. Educators place the needs of the group/school/district/agency before the needs of the individual.

Many times educators and parents are placed in adversary roles. This is a "no-win" situation for either party, but especially for the student. There are some general do's and don'ts when involved in a difficult situation with a potentially explosive atmosphere.

DO:

° Be honest with parents even if they don't seem to be hearing you.
° Be willing to listen to and empathize with their feelings.
° Let parents know what resources are available.
° Be tolerant of the family's need for second/third opinions.
° Be prepared to repeat the same information over and over (people in stressful situations don't process information efficiently).
° Be patient and be willing to offer family support not necessarily treatment at this point.
° Be a resource/consultant to parents.
° Accept the decisions of parents even if they conflict with your own values.
° Let parents know that you consider them competent, capable teachers of their children.
° Provide parents with all the information necessary to make informed decisions, even if you don't agree with the information. They have the right to a broad knowledge base.
° Involve parents actively in writing IEP's, in participation at MDT meetings, in program decisions (as much as they want to be involved).
° Remember that any intervention with the child is an intervention with the entire family.
° Be willing to readjust home programs to fit into the family's life style, preferences, teaching style, etc.
° Acknowledge the validity of the anger.
° Deal with the feelings of anger, not the words of anger.
° Be open to making changes when the anger is justified (it often is!).
° Keep lines of communication open.
° Respond to motivation for questions, not so much to content of questions.

DON'T:

° Tell parents to relax and calm down.
° Assume that you know "what's best" and parents don't.
° Assume that the parents should plan for the future in the same way you would.
° Assume that parents don't know how or what to teach their child.
° Assume that parents are not committed to their child.
° Erect an elaborate administrative/defense mechanism for protection.

° Take all the anger personally.
° Retreat and stop communicating with angry parents.
° Impose programs on families without thorough discussion and their support.

From initial contact with a parent, it is imperative to be supportive, open and an active listener. Many families are frustrated and angry at the way they may have been disregarded by systems including the school. Begin to re-establish rapport and communication. The family can be an educator's greatest advocate in implementation of quality programming.

It is recognized that there will always be a certain percentage of individuals who are not involved in their child's school program. While we may feel that parental involvement must occur, it is the parent's right to choose non-involvement.

REMEMBER...involve families to the maximum extent possible, while at the same time acknowledging their right to choose minimal participation.

Consider alternative roles for the family:

1. Input regarding effective techniques used at home.
2. Feedback rather than follow-through.
3. Advocacy.
4. Organizing inservices.
5. Materials preparation for the classroom (i.e., artwork, adaptive devices, etc.)
6. Food preparation for special occasions.
7. Assistance/supervision with outings for other students.
8. Sign reports and IEP's.
9. Nothing.

UNIFYING CONSIDERATIONS

1. The emotional reactions of the family are normal, necessary, and productive reactions.

2. The family is a group of people who is capable of solving its own problems without professional input. Their solutions may not be our solutions, and that's OK.

3. As professionals, we can learn to work within the family's system.

4. Having a handicapped child may not be the most important problem the family has.

5. The family is the best, most committed, long-term advocate for the handicapped individual.

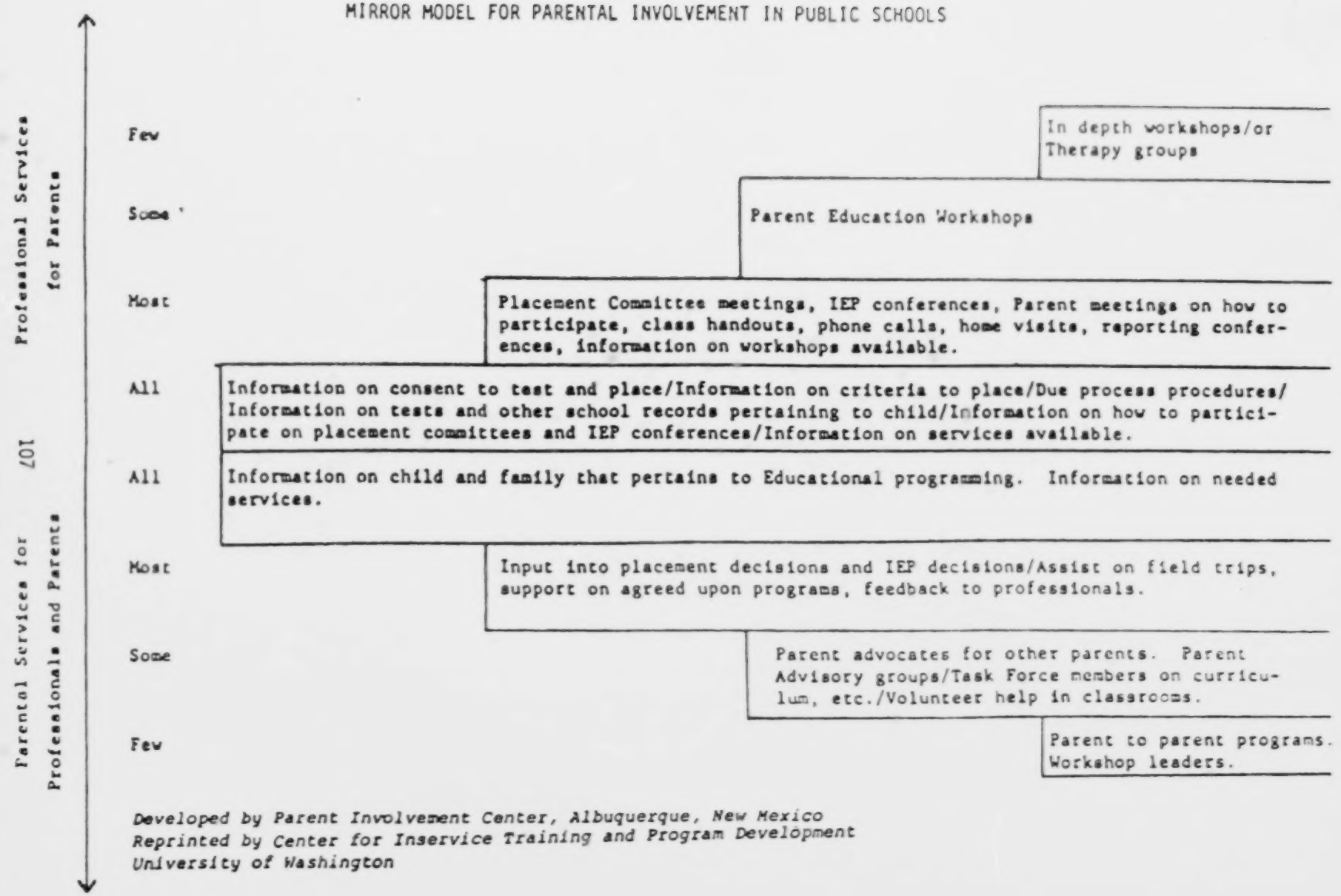
6. We share the concern for the long-term functioning of the student.

7. The family wants to be involved and wants to do what's best for the child.

8. There is no such thing as an uncooperative family or a family who cannot be actively and productively involved in the educational process.

The following page illustrates various types of professional services to parents and parental services to professionals. Note that the majority of services involve information giving, signatures, due process, and educational program placement. There is very little inservicing in areas of parent workshops, educational/home programming and support groups. In order to continue developing effective programs, parents and school professionals need to mutually support efforts to impact the child in a positive manner.

MIRROR MODEL FOR PARENTAL INVOLVEMENT IN PUBLIC SCHOOLS


Professional Services for Parents
Parental Services for Professionals and Parents
Few
In depth workshops/or Therapy groups
Some
Parent Education Workshops
Most
Placement Committee meetings, IEP conferences, Parent meetings on how to participate, class handouts, phone calls, home visits, reporting conferences, information on workshops available.
All
Information on consent to test and place/Information on criteria to place/Due process procedures/ Information on tests and other school records pertaining to child/Information on how to participate on placement committees and IEP conferences/Information on services available.
All
Information on child and family that pertains to Educational programming. Information on needed services.
Most
Input into placement decisions and IEP decisions/Assist on field trips, support on agreed upon programs, feedback to professionals.
Some
Parent advocates for other parents. Parent Advisory groups/Task Force members on curriculum, etc./Volunteer help in classrooms.
Few
Parent to parent programs. Workshop leaders.

Developed by Parent Involvement Center, Albuquerque, New Mexico
Reprinted by Center for Inservice Training and Program Development
University of Washington

OBSERVATION AND ASSESSMENT FORMS

The following forms are designed to assist the classroom teacher and MDT in determining the specific strengths and weaknesses of children in the social/emotional area.

CLASSROOM OBSERVATION

Student _____ Date _____

Teacher _____ Time _____

Class Activity _____ Observer _____

Seating Position:

Percentage On-Task:

Percentage In-Seat"

Attends to Classroom Instruction:

Understands and Follows Directions:

Complies with Requests:

Works Independently:

Seeks Assistance Appropriately:

Distractible/Distracts Others:

Participates in Activities (classroom discussions, group activities):

Verbal/Written Expression:

Social/Emotional:

Gross Motor Skills:

Student/Teacher Relationship:

Notes/Summary:

SOCIAL ASSESSMENT SUMMARY

STUDENT _____ B.D. _____ AGE _____

SCHOOL/DISTRICT _____ REFERRED BY _____

I. Significant social information pertinent to student's school adaptation and academic progress

A. Review of school records (pattern of attendance, grades, behavior, etc.)

B. Discussions with teachers: relevant to social, family, community, etc. (appropriate dress, relationships with peers, parental involvement, etc.)

II. Educational Significance:

A. Classroom Observation (listening skills, work habits, behavior, interactions)

III. Parent Contact:

A. Home vs. school behavior/attitudes, successful interventions, concerns.

IV. Intervention Recommendations

A. Home, School, Community

White: School; Yellow: ESD

Evaluator _____

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CHAPTER 1 AS A MEMBER OF THE MULTIDISCIPLINARY TEAM

REMEDIATION ASSISTANCE PROGRAM

INTEGRATING CHAPTER 1, REMEDIATION ASSISTANCE PROGRAM, AND SPECIAL EDUCATION

Many school districts in ESD 101 operate split special services programs to meet the special needs of students. Most districts have Chapter 1, Rap, and special education components but no mechanism to combine or coordinate the three programs. The referral system, service delivery and overall program management is fragmented due to the lack of cooperation between the three programs. ESD 101 advocates the idea of combining all special programs into a "special services" department and eliminating separate autonomous Chapter 1, RAP, and special education units. This does not mean, of course, the avoidance of the respective Chapter 1, RAP, and special education laws, but it does mean an integration of the three in order to provide an integrated service throughout a district.

There are two major benefits in the unification of the three programs. The first is that the overall school special services quality can be increased through the unification of the best programming ideas of the Chapter 1, RAP, and special education departments. The programs will become more effective in terms of actual class offerings as the special services teachers share information about programming and instructional strategies. Inservice and training for the future can look at presentations aimed at the entire special services program instead of the separate departments. In this way the overall skills of the department can be raised.

The second benefit is the construction of a central referral system where all students are referred to a single team. This central unit is the multidisciplinary team (MDT). In most schools the referring source either refers to Chapter 1,RAP, or to special education depending upon what services the referral source feels the student needs. When the referral is received the child is processed according to the guidelines of either Chapter 1, RAP, or special education depending upon which program received the referral. There is usually very little cooperation between the two groups in determining which services are most appropriate for the student. The cooperation usually occurs after it has been found that the student does not qualify for the program being considered. For example, Chapter 1 or RAP frequently are not considered until it is determined that the student is not eligible for special education.

PROCEDURES FOR INTEGRATING PROGRAMS

What is proposed is a single referral agency the Multidisciplinary Team (MDT) which includes the Chapter 1 and RAP staffs as well as the special education professionals. The referral source refers the student to the MDT. The MDT, through gathering of information, makes the determination whether a child's needs can best be met through Chapter 1, RAP, or special education.

After receiving a referral, the MDT gathers the appropriate information through a referral form, classroom observation and teacher interview to determine the needs of the student and what testing may be necessary. From this initial determination, there are four major ways in which the student can be processed:

1. The child can be served in the regular classroom with no special services assistance, except for teacher consultation by the MDT on a regular basis. In this arrangement the child is kept out of special programs and in the mainstream to the maximum extent possible.

2. The first option is to determine the student's qualification for RAP. This determination will be based on the district criteria for RAP qualifications. RAP is seen as the first level of service and as a least restrictive alternative prior to special education placement.

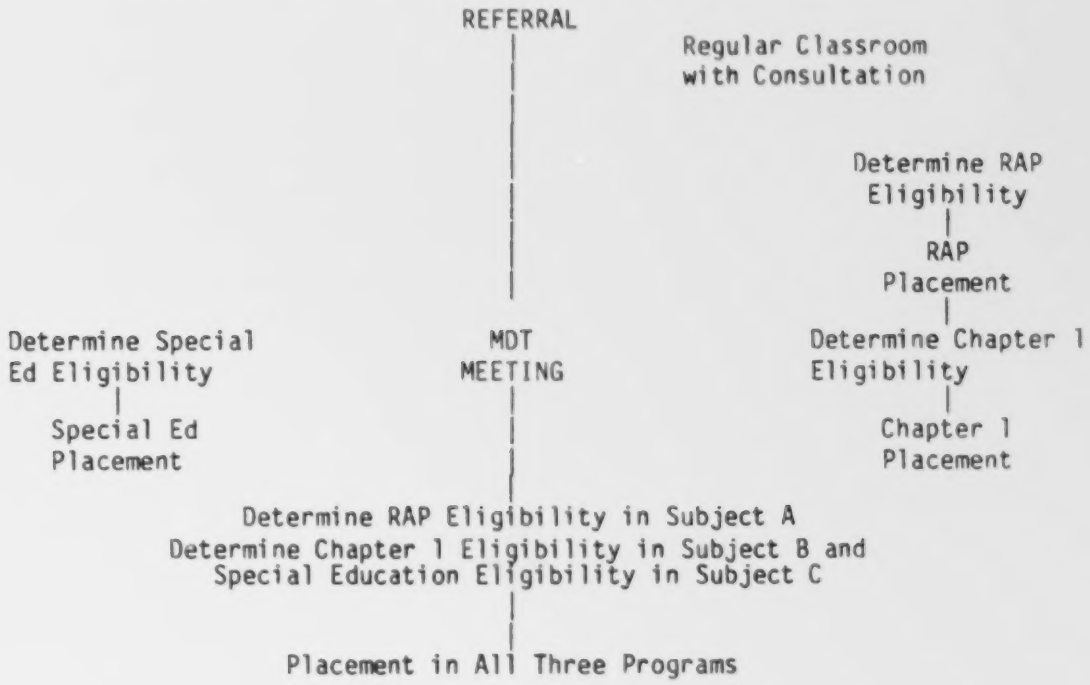
3. The second option is to determine the student's qualification for Chapter 1. This determination will be based on the district criteria for Chapter 1 qualifications. Cahpter 1 is seen as the first level of service and as a least restrictive alternative prior to special education placement.

4. If the child is seen to need more assistance than what Chapter 1 is presently providing to its students, or if Chapter 1 has been tried and is not sufficient, then special education qualification could be determined. Parental permission for testing would be sought and appropriate tests administered.

5. If the student is seen to qualify for Subject A in Chapter 1, Subject B in RAP, Subject C in special education then the student can be enrolled in all these programs.

Figure A diagrams the possibilities that can occur as a result of the multi-disciplinary team meeting. As can be seen, there are a variety of options and placements open to the team. All placements lead back to the multi-disciplinary team where further assessments and decisions leading to different placements can be made. An ongoing cycle of review can be initiated to constantly determine the appropriateness of the current placement.

FIGURE A: Options Available to Multidisciplinary Team


REFERRAL
Regular Classroom with Consultation
Determine RAP Eligibility
RAP Placement
Determine Special Ed Eligibility
MDT MEETING
Determine Chapter 1 Eligibility
Special Ed Placement
Chapter 1 Placement
Determine RAP Eligibility in Subject A
Determine Chapter 1 Eligibility in Subject B and Special Education Eligibility in Subject C
Placement in All Three Programs

IDEAS ON HOW TO INTEGRATE CHAPTER 1, AND RAP STAFFS INTO THE MULTIDISCIPLINARY TEAM PROCESS

1. Initially, the Chapter 1 and RAP staffs has to be invited to attend the MDT. Without a formal invitation it is doubtful that the Chapter 1 and RAP people would feel comfortable in attending the MDT.

2. When this invitation has been extended the Chapter and RAP people have to feel welcome to participate. This needs to be a conscious effort on the part of the special education staff.

3. It has worked well to have the initial meetings with the Chapter and RAP people when it has concerned referrals that are of primary interest to the Chapter and RAP staffs. In this way they see the process moving toward a purpose that benefits them specifically.

4. Teach the Chapter and RAP people the "conventions" of the MDT meeting. Familiarize them with the forms, facilitator and recorder roles and the way in which the meetings progress.

5. There can be a block of time in the MDT each week that focuses on Chapter 1 and RAP concerns. If the special education staff dominate the meetings then it will not be a good use of Chapter 1 and RAP time to attend.

6. When students are referred through the "Prereferral Checklist" process this is a good time to include Chapter 1 and RAP staffs. It allows them to be a part of the MDT process from the initial stages and allows for input concerning their knowledge about the student in questions.

7. The MDT is not just for processing referrals to see if students qualify for a program. It is also a place for discussing programming concerns about students already in the program. If the special education, RAP, and Chapter 1 staffs can split the amount of time delegated to programming concerns then all three parties can contribute to the other programs and all three will benefit.

A TEACHER'S GUIDE FOR STRUCTURING QUESTIONS TO ADMINISTRATORS

INTRODUCTION

As an educator it is important to have an adequate repertoire of resources available on which you can draw information when needed. One of the resources that is generally available to you is the administrator, in your school district. In the case of teachers this resource is most likely your building principal.

While it is unlikely that the administrator knows everything it is likely that he/she has access to someone who does have the answer or information for the questions you are asking.

QUESTIONS FOR ADMINISTRATORS

Some of the questions which relate to policy and procedures that your administration would be able to answer are:

1. What is the dicipline policy in our school? Can we discipline handicapped students the same way nonhandicapped students are disciplined?

2. What is the maximum number of days we can suspend or expel students? Does the same criteria apply to handicapped students?

3. What is the policy and procedure as it relates to retention of students. Does the same policy apply to handicapped and nonhandicapped alike?

4. How do we grade special education students who are in our classes? Can we fail a special education student?

5. Is it appropriate to adapt the regular curriculum for special education students? If so, how do I do this?

6. Do I have to have the special education student in my classroom? If so, whose responsibility is it to program for them?

7. Whose responsibility is it to evaluate and/or supervise the support staff who work in the district? To whom do I take my questions or concerns as they relate to these staff members?

8. What are the rights of the handicapped students in our district? Do their rights differ from those of nonhandicapped students?

9. If I don't agree with what the special education teacher or support staff have asked me to do and I've discussed the issues with them and there is still no change, what do I do next?

Questions that may revolve around funding issues that could be answered by your administration may include:

10. Why does the special education teacher have a smaller classload than I do?

11. How does the district pay for the services the special education students receive? Do they receive money from the state or is the money local levy funds?

12. If I feel a service needs to be available in the school or to meet the needs of a student in my classroom how do I request this service?

Curriculum:

1. How do I find out if our district has student learning objectives and if they do, are the same objectives used for handicapped students?

2. When are classroom materials ordered and are there certain curriculum materials that are necessary in order to implement the SLO's?

3. How can I interface my curriculum with what is being taught in the special education program? Is this necessary for me to do?

4. Do the vocational programs available in the district include handicapped students in the classes? If I feel one of my handicapped students could benefit from a particular vocational, prevocational class, how do I get them enrolled in the class?

General questions that your administrators may answer for you might include:

1. How does the district get money to pay for the programs we currently have? Are there state, local and federal funds available? Do certain students get certain types of funds for program?

2. How is the money allocated per building? Does one building get more money than another?

3. What is the process in the district for dealing with a parent(s) that are "out of control". I've tried to talk with them but we aren't able to come to any closure on the topic and tempers are flaring.

4. How do I get volunteers in my classroom? Do we have student teachers, peer tutoring program, or grandparent program?

In summary, the administration in your district can be an excellent resource to you as a classroom teacher. They may not always have the answer at their fingertips, but they will most likely know how to go about gathering the information you request.